PROSPER

DISABILITY APPLICATIONS

Overview of Prosper Disability

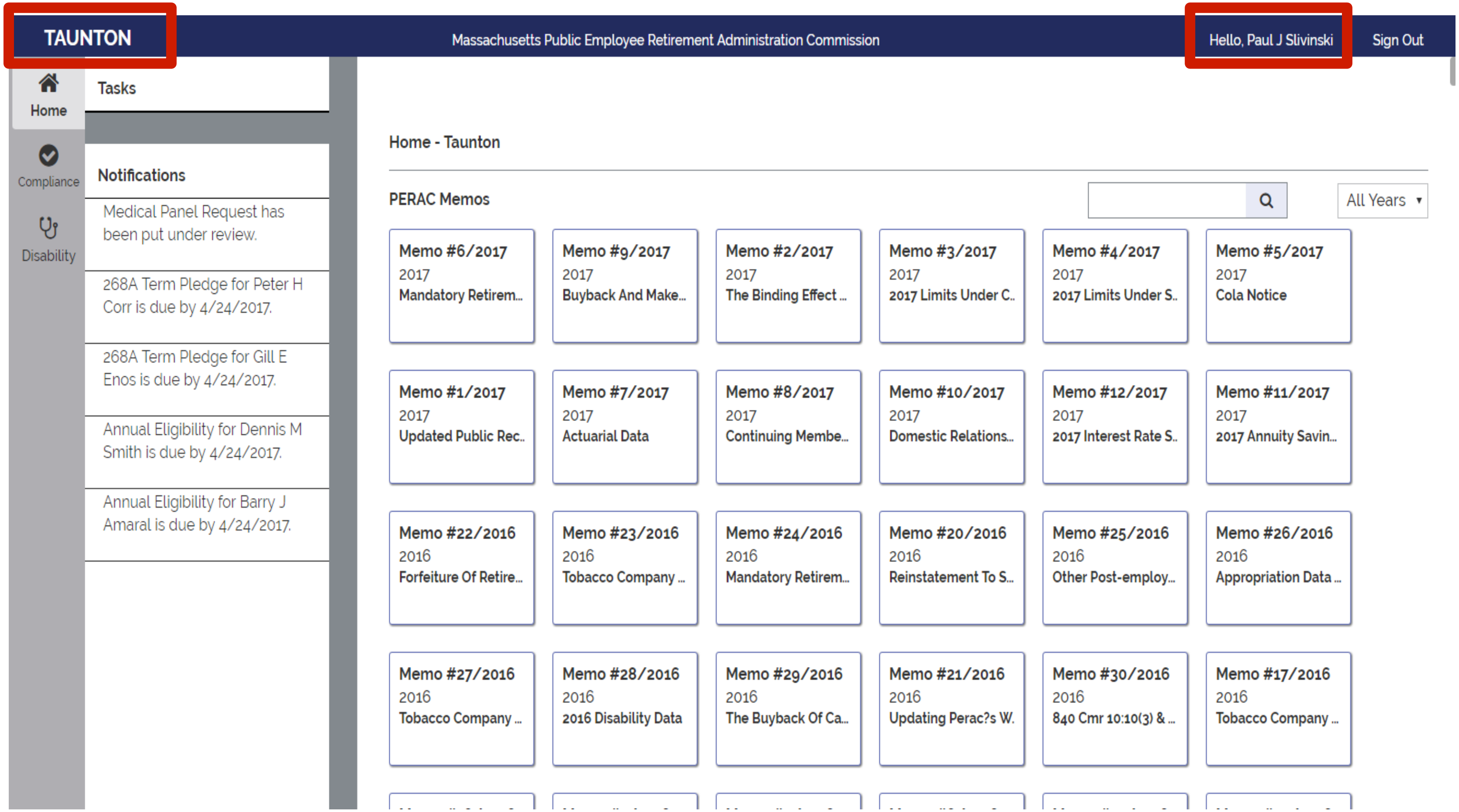
- HOW IT WORKS
- PROCESS REQUEST FOR PANEL
- NAVIGATE PROSPER
- DISABILITY TRANSMITTAL TO LEGAL

- Log in: perazztestadm@gmail.com
- Password: Password1

Training Materials

- How to use PROSPER
- Medical Records
  - Organizing , transmitting and naming

Board Home Page


TAUNTON
Massachusetts Public Employee Retirement Administration Commission
Hello, Paul J Slivinski
Sign Out
Home
Compliance
Disability
Tasks
All Years

Notifications

- Medical Panel Request has been put under review.
- 268A Term Pledge for Peter H Corr is due by 4/24/2017.
- 268A Term Pledge for Gill E Enos is due by 4/24/2017.
- Annual Eligibility for Dennis M Smith is due by 4/24/2017.
- Annual Eligibility for Barry J Amaral is due by 4/24/2017.

Home - Taunton

PERAC Memos

Memo #6/2017 2017 Mandatory Retirem...	Memo #9/2017 2017 Buyback And Make...	Memo #2/2017 2017 The Binding Effect ...	Memo #3/2017 2017 2017 Limits Under C...	Memo #4/2017 2017 2017 Limits Under S...	Memo #5/2017 2017 Cola Notice
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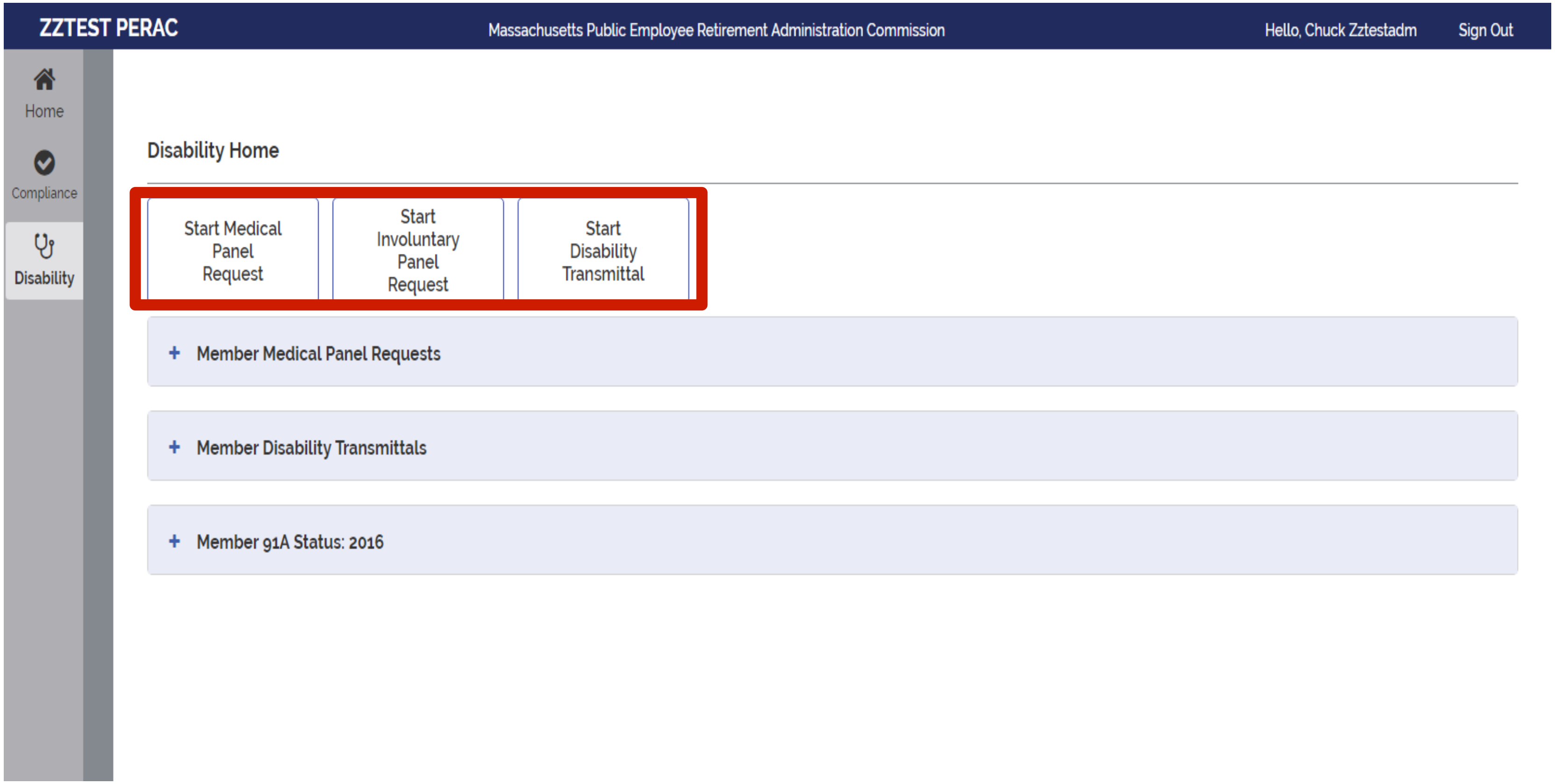
Disability Home

Administrator
View



ZZTEST PERAC
Massachusetts Public Employee Retirement Administration Commission
Hello, Chuck Zztestadm
Sign Out
Home
Compliance
Disability

Disability Home

Start Medical Panel Request

Start Involuntary Panel Request

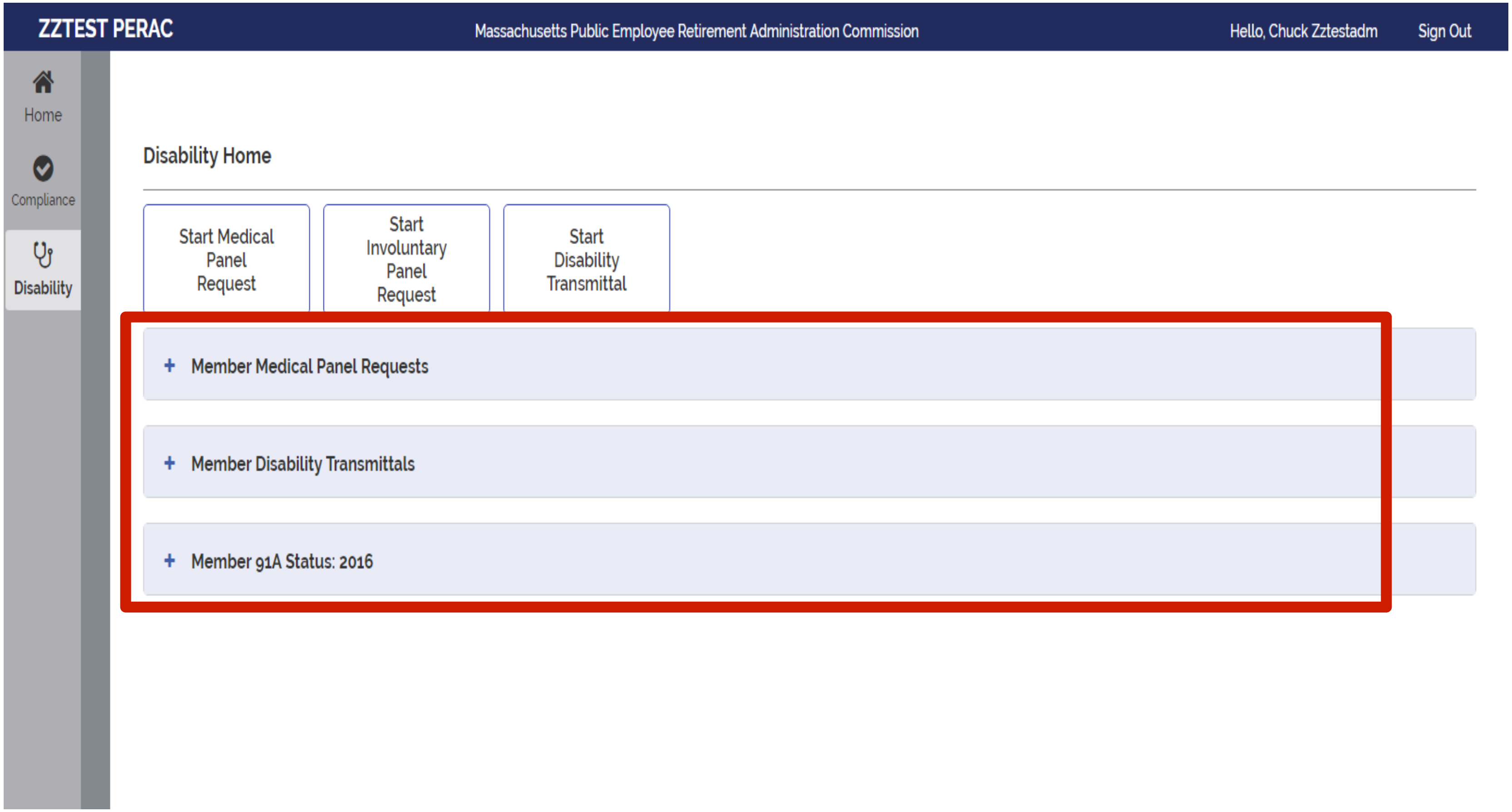
Start Disability Transmittal

+ Member Medical Panel Requests

+ Member Disability Transmittals

+ Member 91A Status: 2016

Disability Home



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Disability

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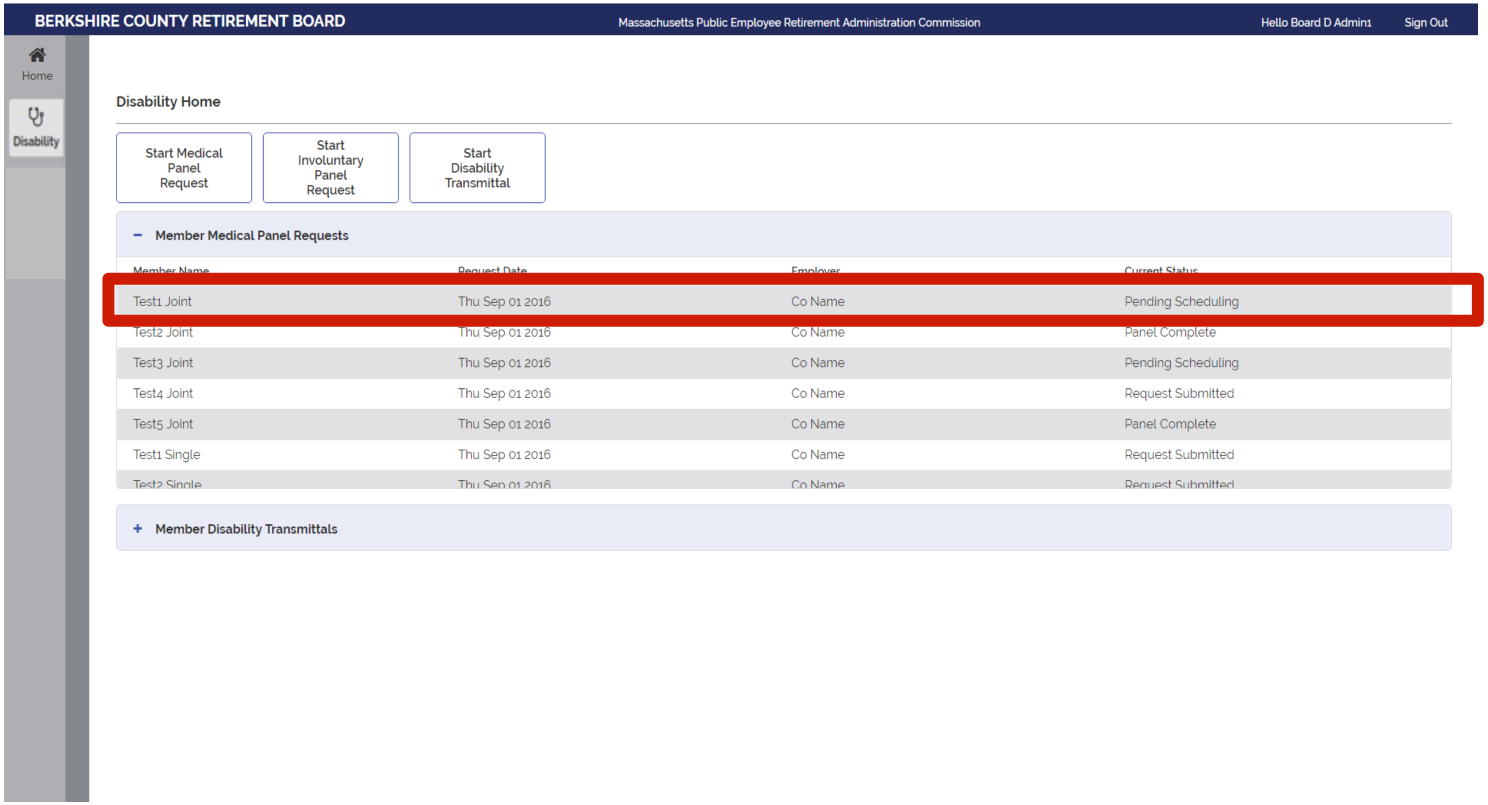
+ Member Medical Panel Requests

+ Member Disability Transmittals

+ Member 91A Status: 2016

Disability Home


BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
Hello Board D Admin1
Sign Out
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Disability

Disability Home

Start Medical Panel Request
Start Involuntary Panel Request
Start Disability Transmittal
− Member Medical Panel Requests

Member Name	Request Date	Employer	Current Status
Test1 Joint	Thu Sep 01 2016	Co Name	Pending Scheduling
Test2 Joint	Thu Sep 01 2016	Co Name	Panel Complete
Test3 Joint	Thu Sep 01 2016	Co Name	Pending Scheduling
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Test5 Joint	Thu Sep 01 2016	Co Name	Panel Complete
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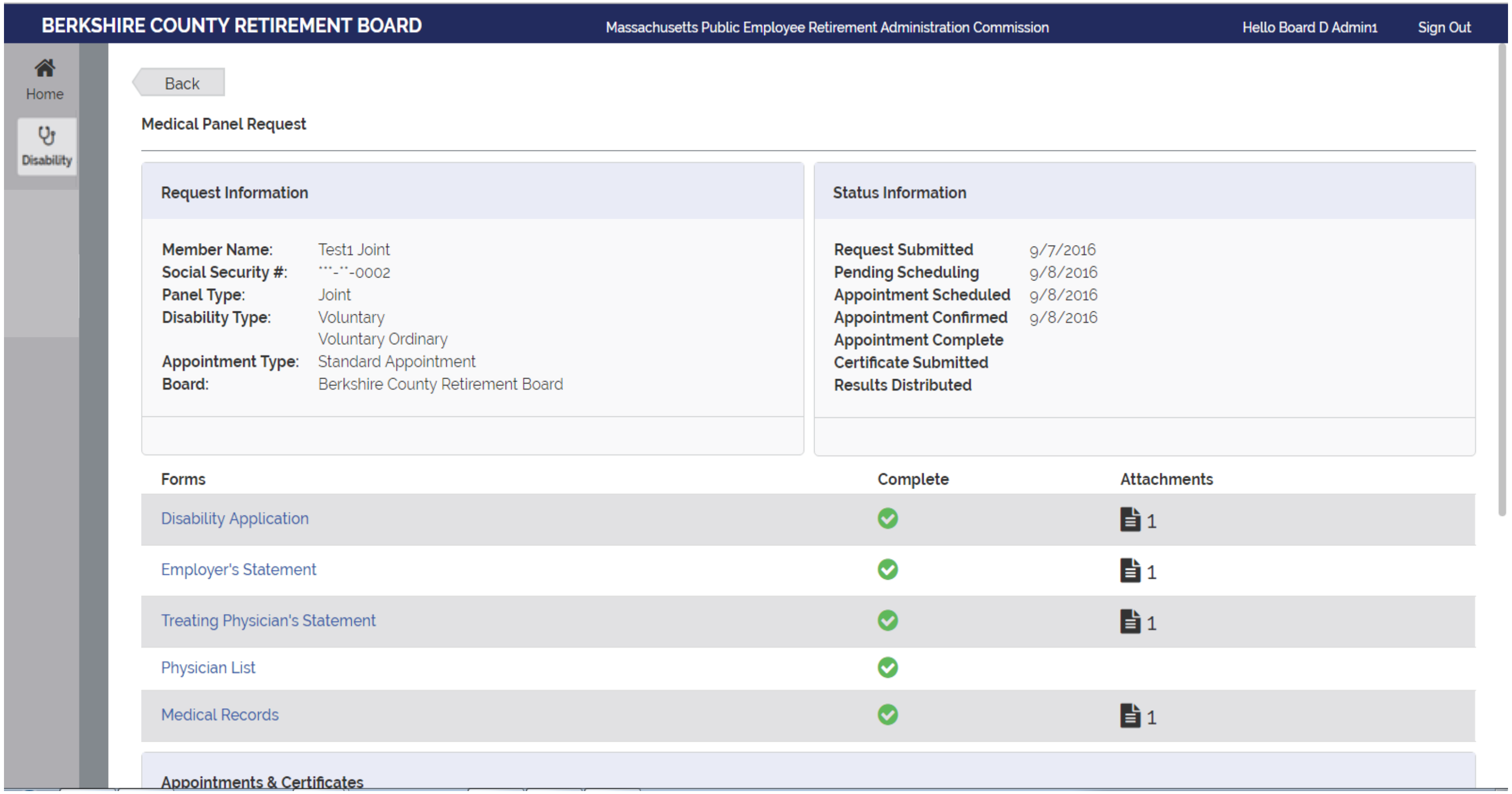
Test2 Single	Thu Sep 01 2016	Co Name	Request Submitted

+ Member Disability Transmittals

Medical Panel Page



BERKSHIRE COUNTY RETIREMENT BOARD

Massachusetts Public Employee Retirement Administration Commission

Hello Board D Admin1

Medical Panel Request

Request Information

Member Name:	Test1 Joint
Social Security #:	***-**-0002
Panel Type:	Joint
Disability Type:	Voluntary Voluntary Ordinary
Appointment Type:	Standard Appointment
Board:	Berkshire County Retirement Board

Status Information

Request Submitted	9/7/2016
Pending Scheduling	9/8/2016
Appointment Scheduled	9/8/2016
Appointment Confirmed	9/8/2016
Appointment Complete	
Certificate Submitted	
Results Distributed	

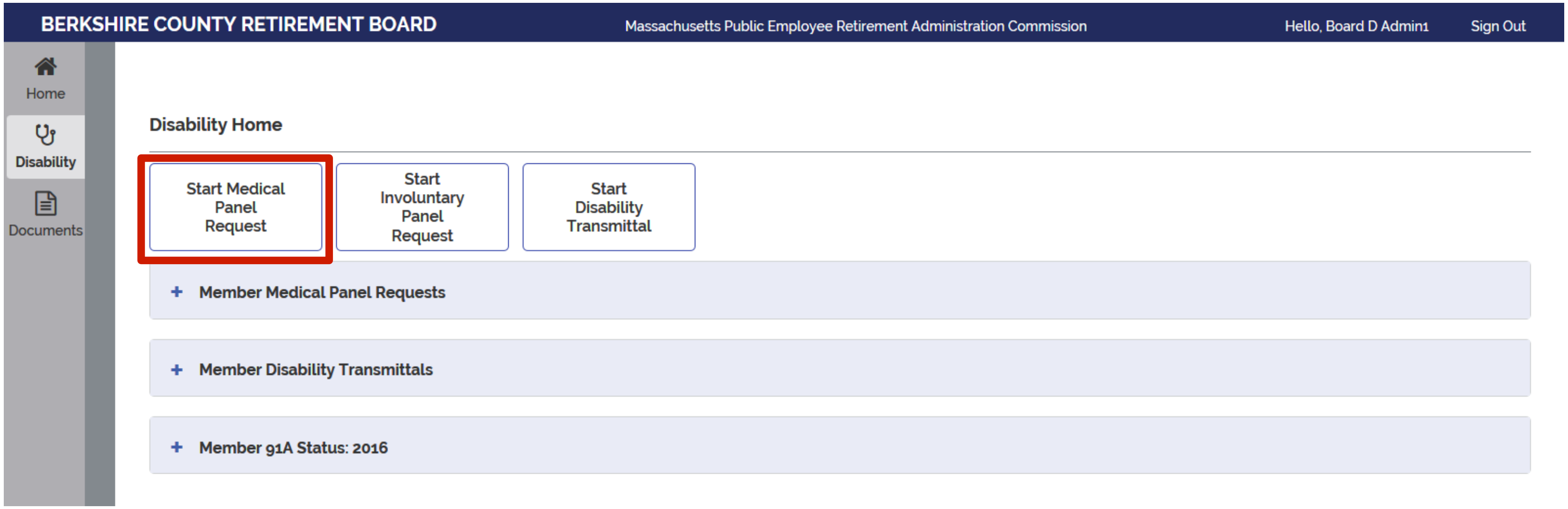
Forms	Complete	Attachments
Disability Application	✓	🗎 1
Employer's Statement	✓	🗎 1
Treating Physician's Statement	✓	🗎 1
Physician List	✓	
Medical Records	✓	🗎 1

Appointments & Certificates

PROSPER Processing

- What has not changed
  - Role of Board and PERAC
  - Information provided to the physicians
- What has changed
  - Documents will be uploaded by the Retirement Board and submitted at the time of Request
  - PERAC will make records available to MD’s at date of schedule
  - No mailing 3 copies of records

Medical Panel Request



BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
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Disability Home
Start Medical Panel Request
Start Involuntary Panel Request
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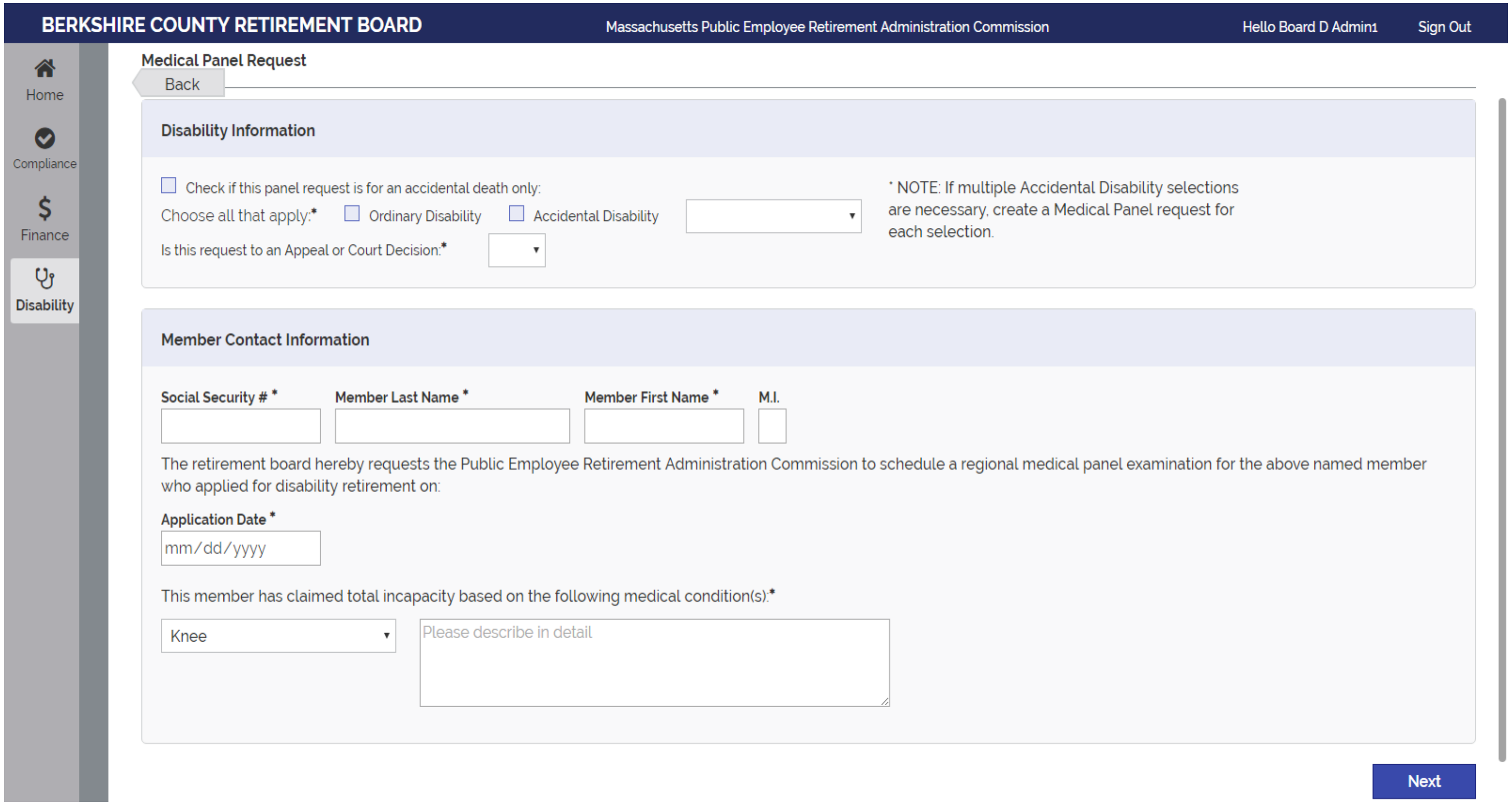
+ Member Medical Panel Requests
+ Member Disability Transmittals
+ Member 91A Status: 2016

Medical Panel Request



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Massachusetts Public Employee Retirement Administration Commission
Hello Board D Admin1
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Medical Panel Request

Disability Information

☐ Check if this panel request is for an accidental death only:

Choose all that apply:* ☐ Ordinary Disability ☐ Accidental Disability

Is this request to an Appeal or Court Decision:*

* NOTE: If multiple Accidental Disability selections are necessary, create a Medical Panel request for each selection.

Member Contact Information

Social Security # *

Member Last Name *

Member First Name *

M.I.

The retirement board hereby requests the Public Employee Retirement Administration Commission to schedule a regional medical panel examination for the above named member who applied for disability retirement on:

Application Date *

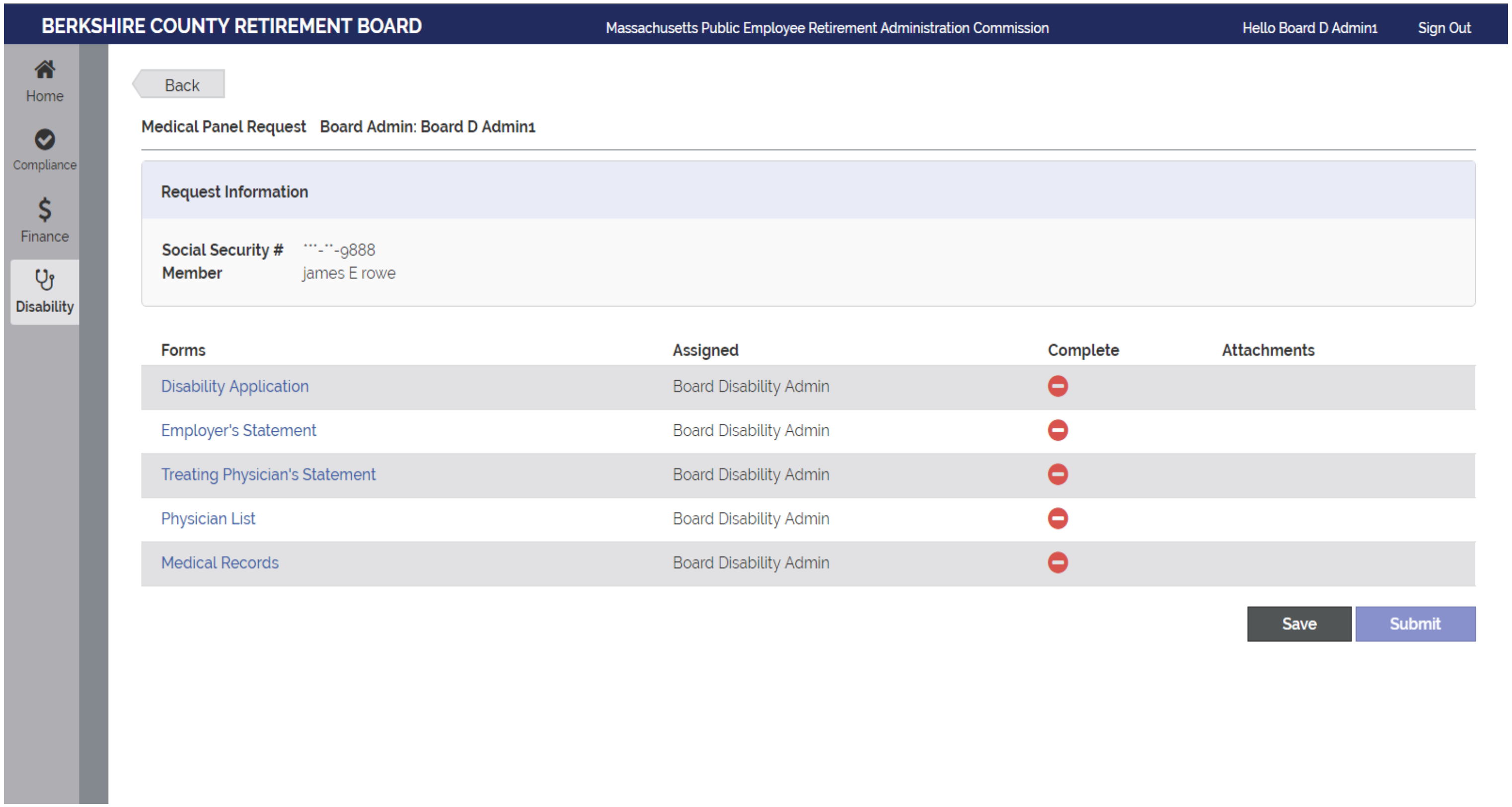
mm/dd/yyyy

This member has claimed total incapacity based on the following medical condition(s):*

Knee

Please describe in detail

Medical Panel Request



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Massachusetts Public Employee Retirement Administration Commission
Hello Board D Admin1
Sign Out
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Medical Panel Request **Board Admin: Board D Admin1**

Request Information

Social Security # ***-**-9888
Member james E rowe

Forms	Assigned	Complete	Attachments
Disability Application	Board Disability Admin	⊖	
Employer's Statement	Board Disability Admin	⊖	
Treating Physician's Statement	Board Disability Admin	⊖	
Physician List	Board Disability Admin	⊖	
Medical Records	Board Disability Admin	⊖	

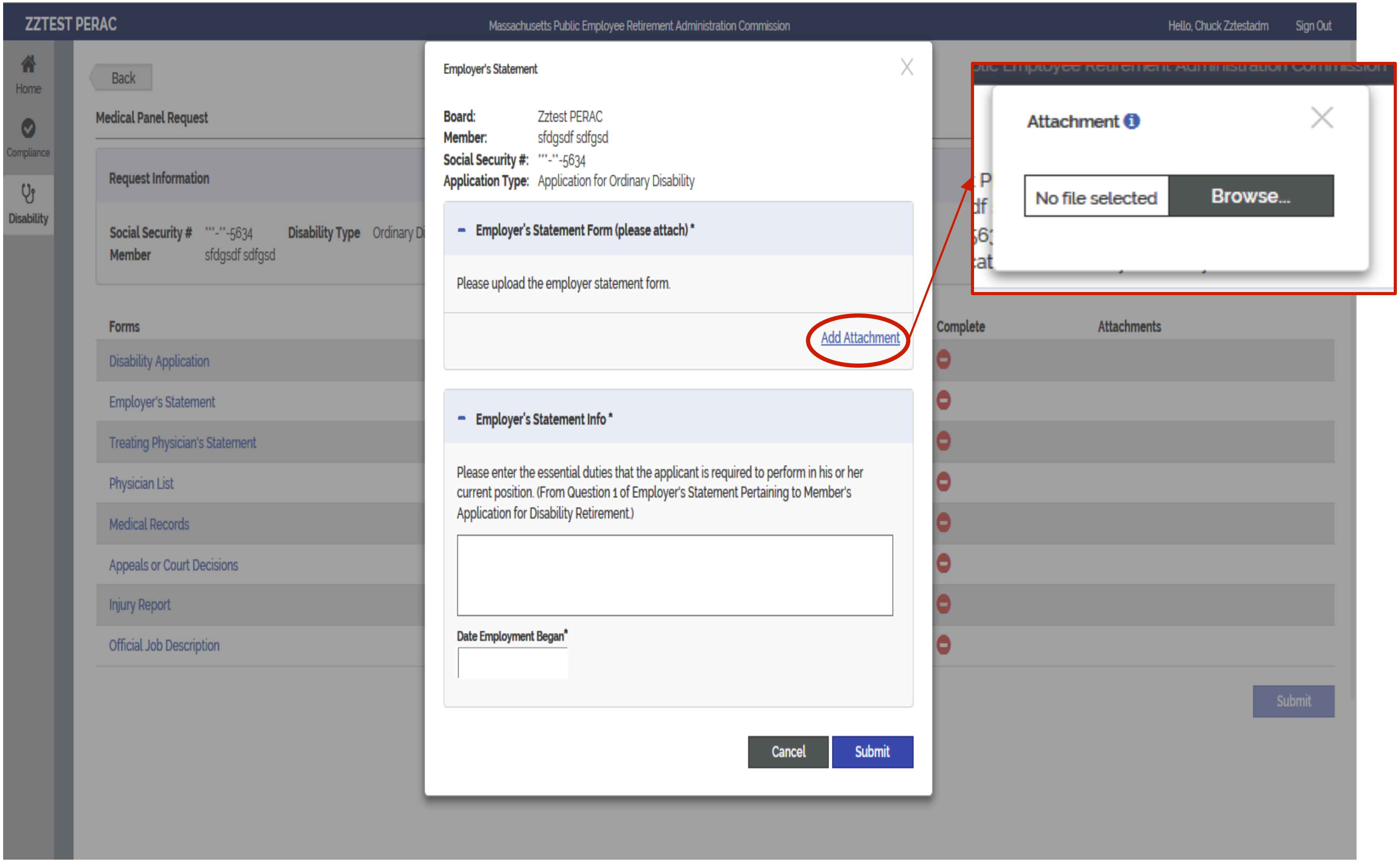
Save
Submit

Medical Records

- By Facility/physician Date Range
- 200 pages or less
- Pdf format

- Name of file
- Facility(physician) 2015-2017 part 1
- Facility(physician) 2015-2017 part 2
- Example
  - Mass General Hosp 2012-2017 part 1
  - Mass General Hosp 2012-2017 part 2
  - Dr. Doctor 2003-2017
  - Get Well Physical Therapy Jan-June 2012

Medical Panel Request


ZZTEST PERAC
Massachusetts Public Employee Retirement Administration Commission
Hello, Chuck Zztestadm
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Medical Panel Request
Request Information
Forms
Complete
Attachments
Add Attachment
Cancel
Submit
Attachment
No file selected
Browse...

Social Security # ""-""-5634 **Disability Type** Ordinary D
Member sfdgsdf sdfgsd

- Disability Application
- Employer's Statement
- Treating Physician's Statement
- Physician List
- Medical Records
- Appeals or Court Decisions
- Injury Report
- Official Job Description

Employer's Statement

Board: Zztest PERAC
Member: sfdgsdf sdfgsd
Social Security #: ""-""-5634
Application Type: Application for Ordinary Disability

Employer's Statement Form (please attach) *

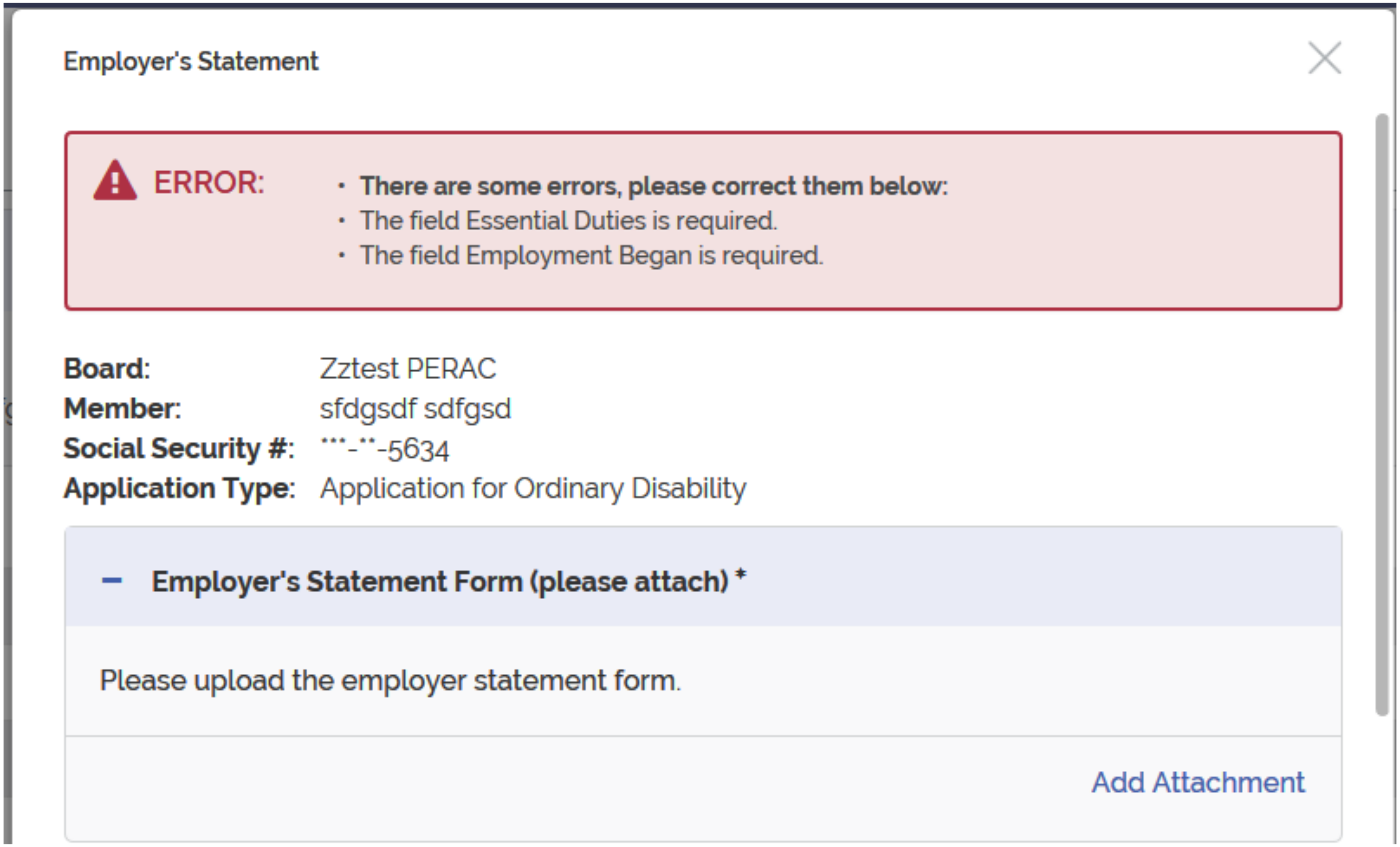
Please upload the employer statement form.

Employer's Statement Info *

Please enter the essential duties that the applicant is required to perform in his or her current position. (From Question 1 of Employer's Statement Pertaining to Member's Application for Disability Retirement)

Date Employment Began*

Medical Panel Request



Employer's Statement

ERROR:

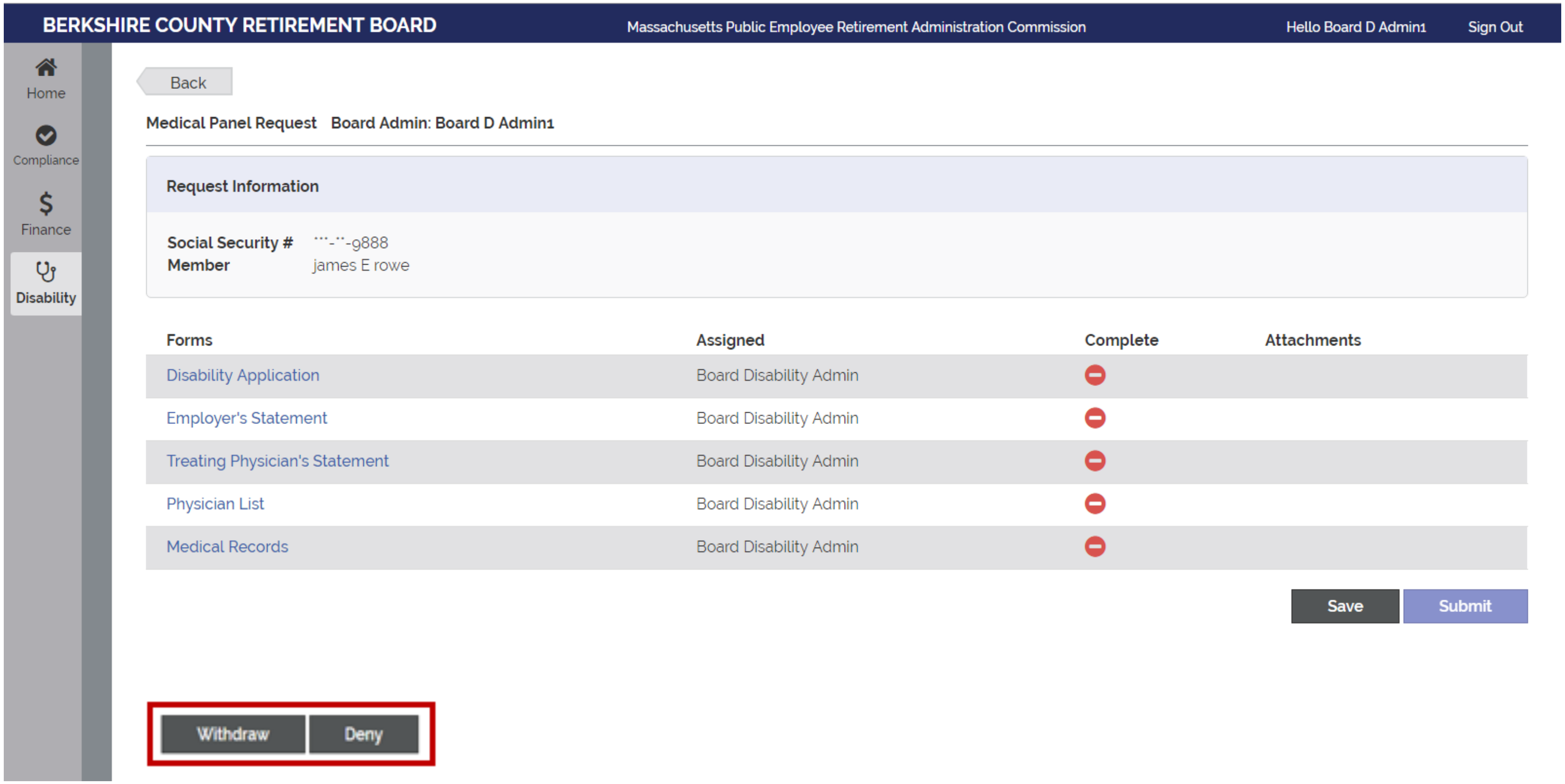
- **There are some errors, please correct them below:**
- The field Essential Duties is required.
- The field Employment Began is required.

Board: Zztest PERAC
Member: sfdgsdf sdfgsd
Social Security #: ***-**-5634
Application Type: Application for Ordinary Disability

Employer's Statement Form (please attach) *

Please upload the employer statement form.

MP deny/withdraw


BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
Hello Board D Admin1
Sign Out
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Save
Submit
Withdraw
Deny

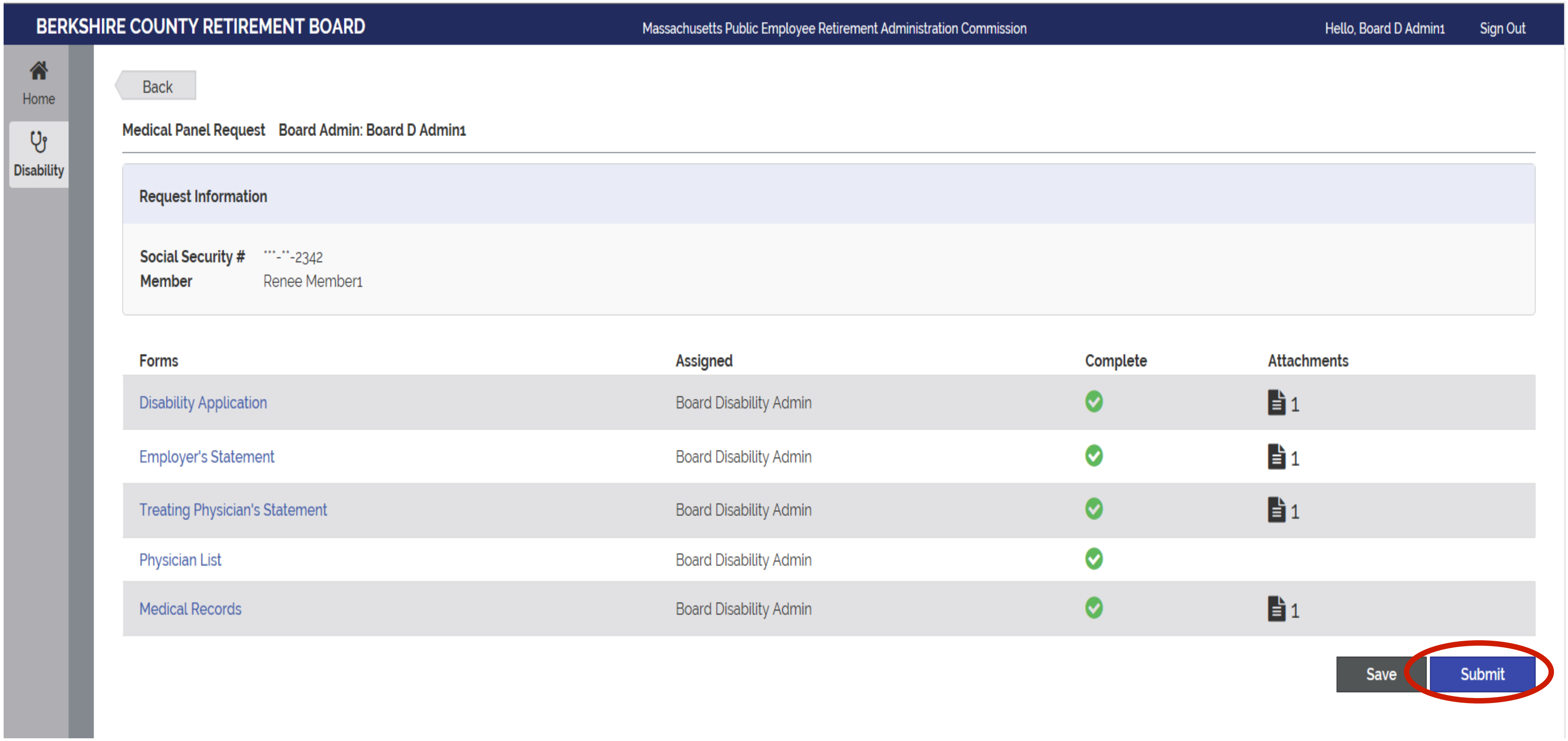
Medical Panel Request **Board Admin: Board D Admin1**

Request Information

Social Security # ***-**-9888
Member james E rowe

Forms	Assigned	Complete	Attachments
Disability Application	Board Disability Admin	⊖	
Employer's Statement	Board Disability Admin	⊖	
Treating Physician's Statement	Board Disability Admin	⊖	
Physician List	Board Disability Admin	⊖	
Medical Records	Board Disability Admin	⊖	

Medical Panel


BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
Hello, Board D Admin1
Sign Out
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Save
Submit

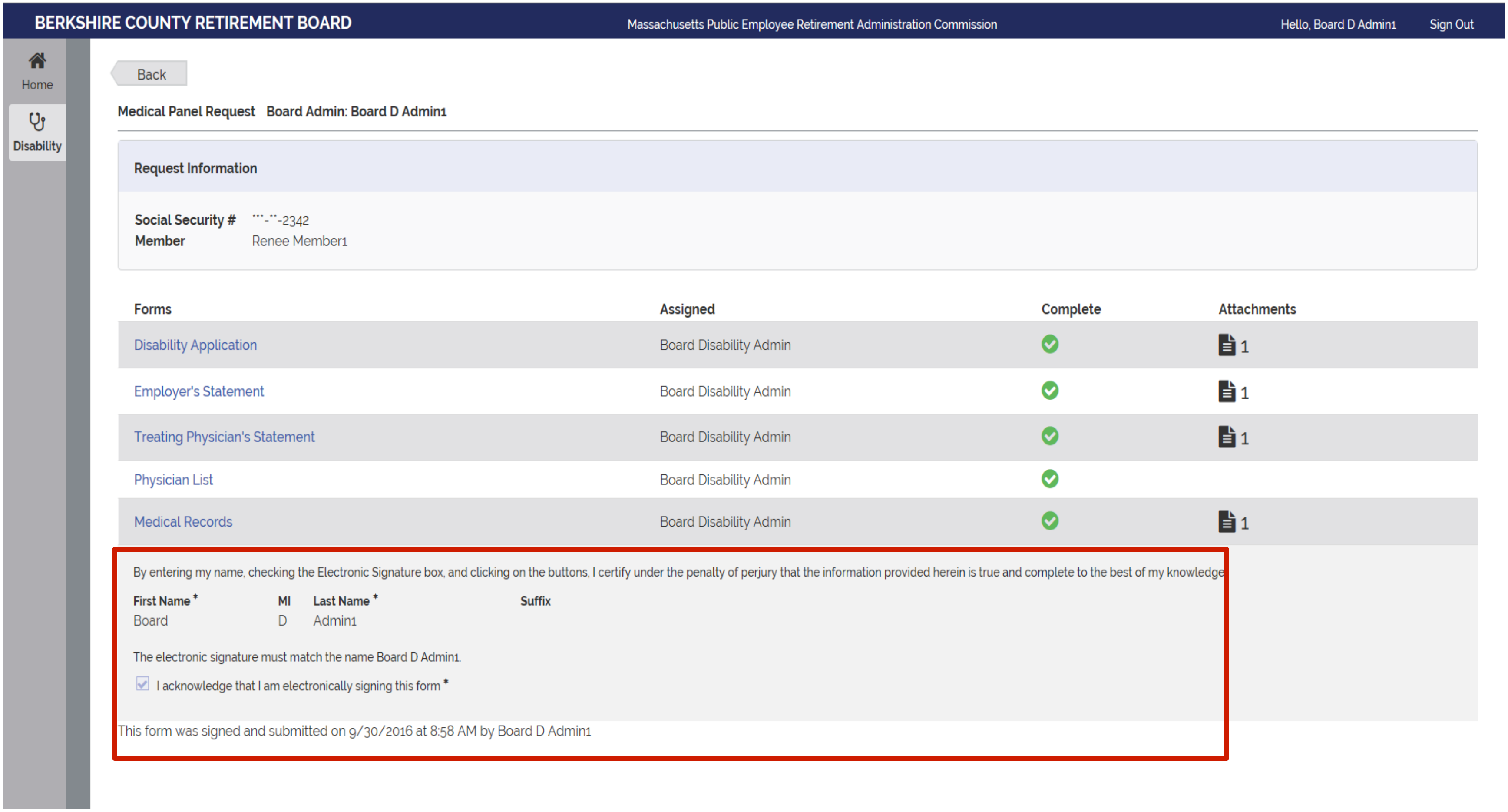
Medical Panel Request Board Admin: Board D Admin1

Request Information

Social Security # ***-**-2342
Member Renee Member1

Forms	Assigned	Complete	Attachments
Disability Application	Board Disability Admin	✓	1
Employer's Statement	Board Disability Admin	✓	1
Treating Physician's Statement	Board Disability Admin	✓	1
Physician List	Board Disability Admin	✓	
Medical Records	Board Disability Admin	✓	1

Medical Panel


BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
Hello, Board D Admin1
Sign Out
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Disability
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Medical Panel Request **Board Admin: Board D Admin1**

Request Information

Social Security # ***-**-2342
Member Renee Member1

Forms	Assigned	Complete	Attachments
Disability Application	Board Disability Admin	✓	📄 1
Employer's Statement	Board Disability Admin	✓	📄 1
Treating Physician's Statement	Board Disability Admin	✓	📄 1
Physician List	Board Disability Admin	✓	
Medical Records	Board Disability Admin	✓	📄 1

By entering my name, checking the Electronic Signature box, and clicking on the buttons, I certify under the penalty of perjury that the information provided herein is true and complete to the best of my knowledge

First Name *	MI	Last Name *	Suffix
Board	D	Admin1	

The electronic signature must match the name Board D Admin1.

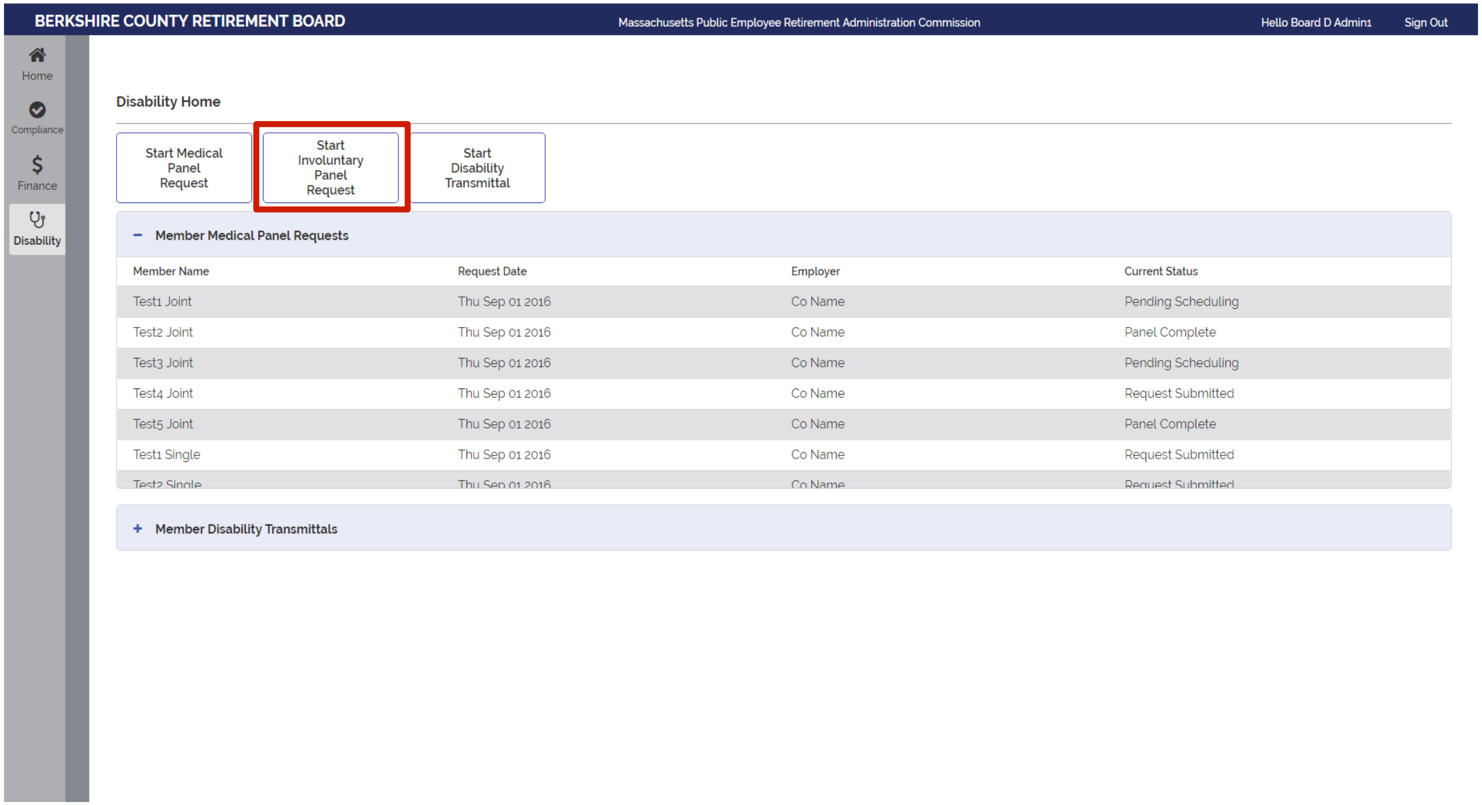
☑ I acknowledge that I am electronically signing this form *

This form was signed and submitted on 9/30/2016 at 8:58 AM by Board D Admin1

Involuntary

- Same Processing through PROSPER

Involuntary Panel Request


BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
Hello Board D Admin1
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Start Medical Panel Request
Start Involuntary Panel Request
Start Disability Transmittal

Disability Home

− Member Medical Panel Requests

Member Name	Request Date	Employer	Current Status
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Test2 Joint	Thu Sep 01 2016	Co Name	Panel Complete
Test3 Joint	Thu Sep 01 2016	Co Name	Pending Scheduling
Test4 Joint	Thu Sep 01 2016	Co Name	Request Submitted
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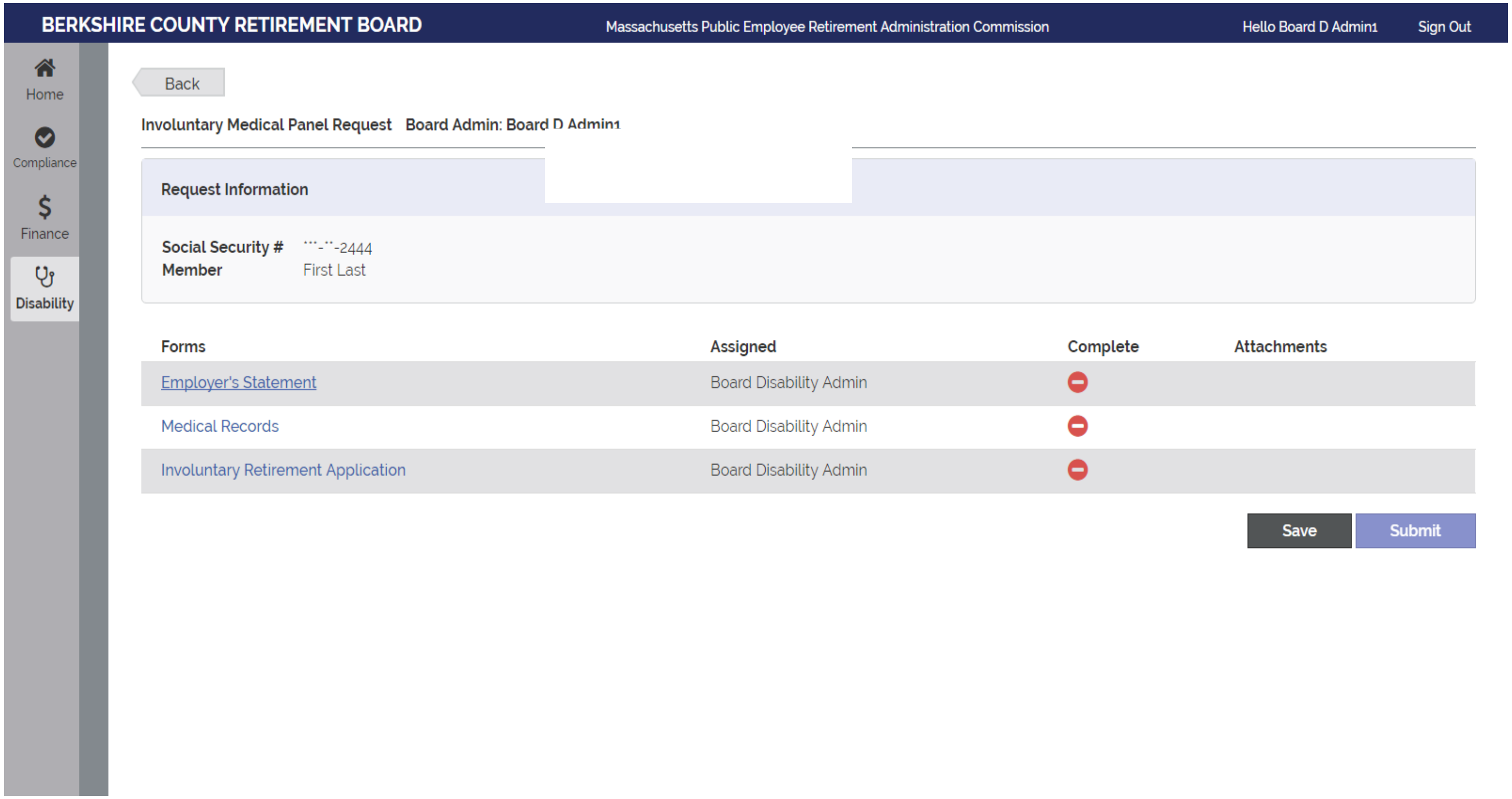
+ Member Disability Transmittals

Involuntary Panel Request


BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
Hello Board D Admin1
Sign Out
Home
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Involuntary Medical Panel Request Board Admin: Board D Admin1

Request Information

Social Security # ***-**-2444
Member First Last

Forms	Assigned	Complete	Attachments
Employer's Statement	Board Disability Admin	⊖	
Medical Records	Board Disability Admin	⊖	
Involuntary Retirement Application	Board Disability Admin	⊖	

Save
Submit

Navigating

- Where to Go?
- How to Use?
- Managing Files

N
NE
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SE
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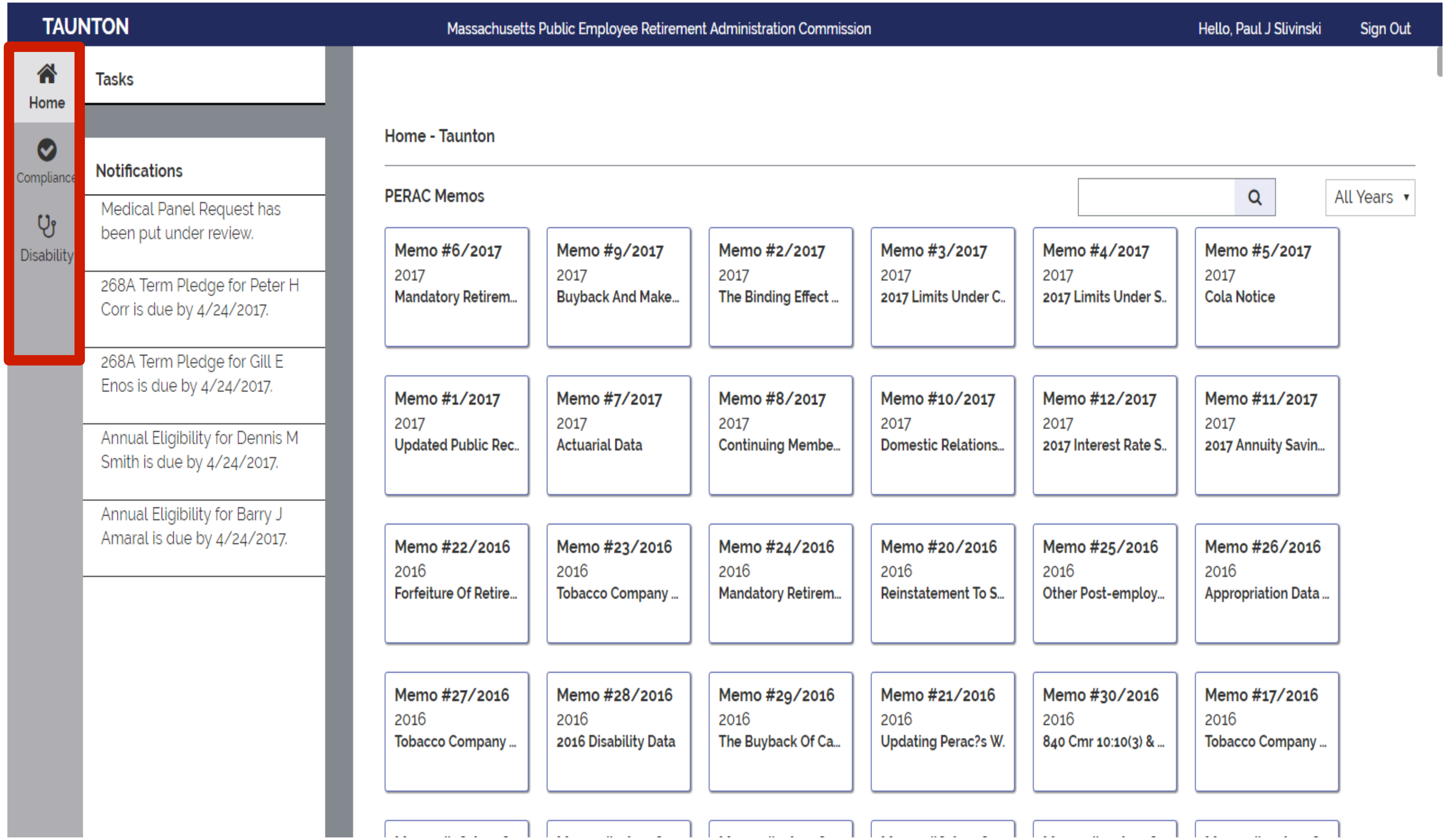
SW
W
NW

Board Home Page-Tabs


TAUNTON
Massachusetts Public Employee Retirement Administration Commission
Hello, Paul J Slivinski
Sign Out
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All Years

Notifications

Medical Panel Request has been put under review.

268A Term Pledge for Peter H Corr is due by 4/24/2017.

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PERAC Memos

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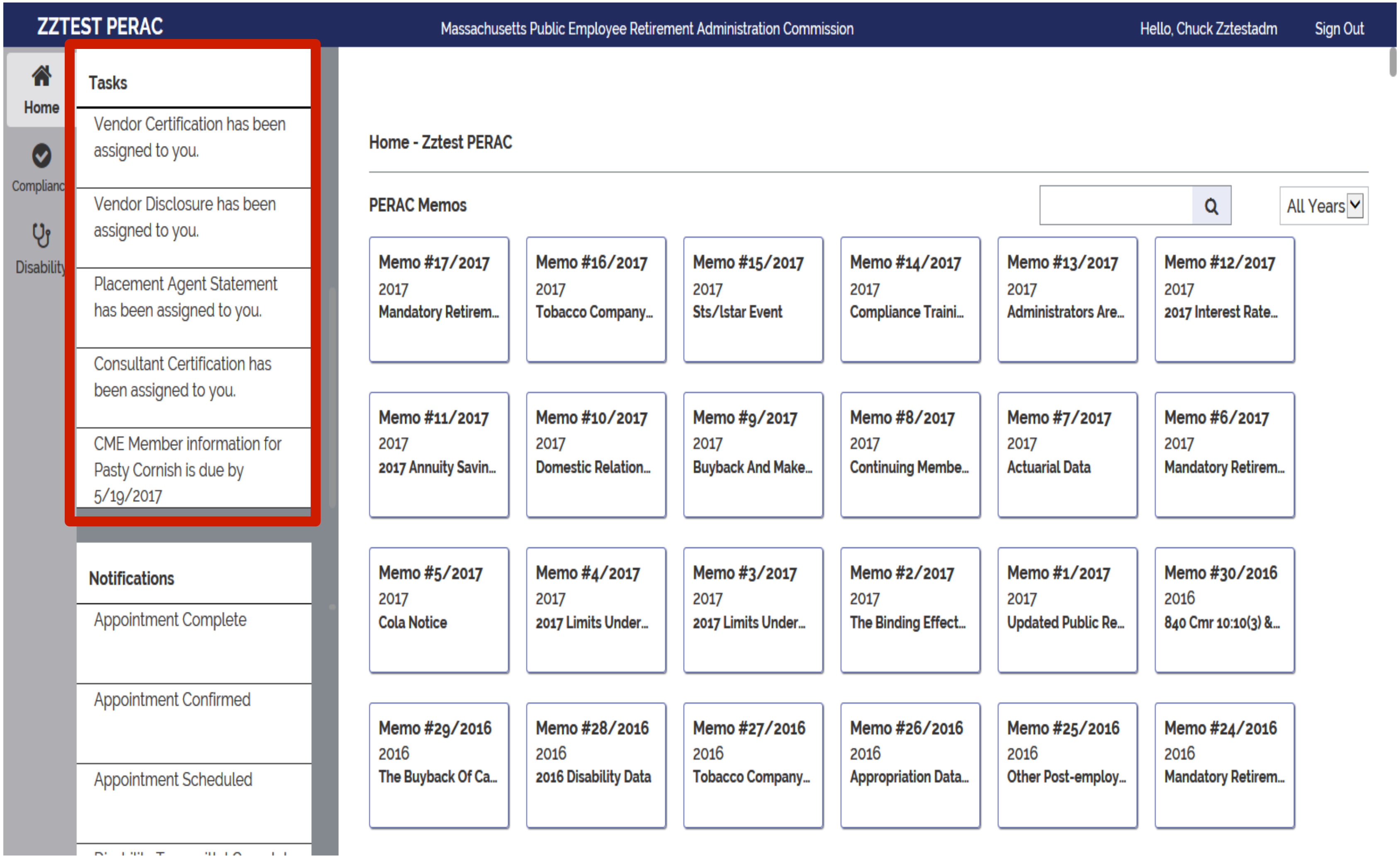
Board Home Page-Tasks



ZZTEST PERAC
Massachusetts Public Employee Retirement Administration Commission
Hello, Chuck Zztestadm
Sign Out
Home
Complianc
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All Years

Tasks

- Vendor Certification has been assigned to you.
- Vendor Disclosure has been assigned to you.
- Placement Agent Statement has been assigned to you.
- Consultant Certification has been assigned to you.
- CME Member information for Pasty Cornish is due by 5/19/2017

Notifications

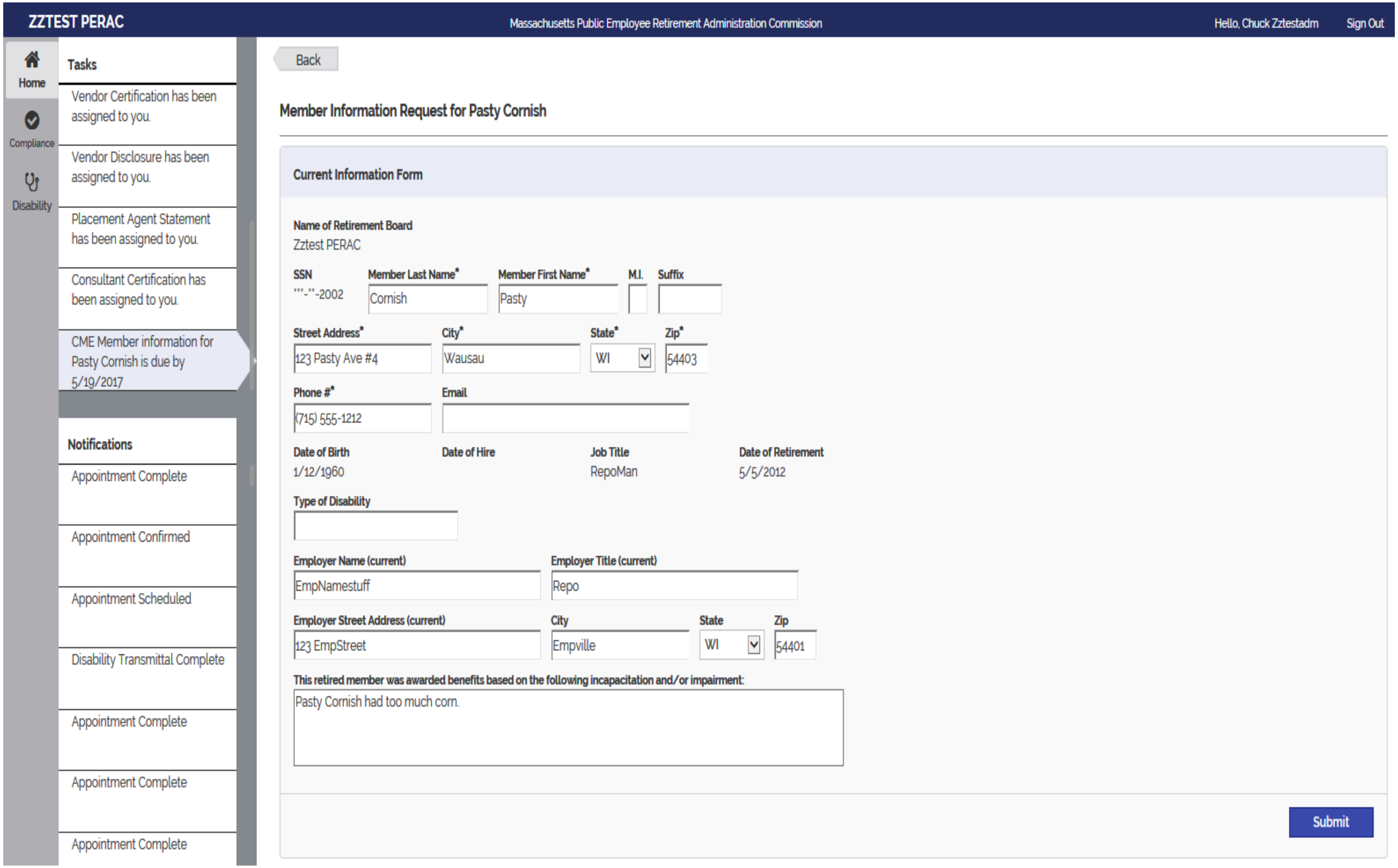
- Appointment Complete
- Appointment Confirmed
- Appointment Scheduled

Home - Zztest PERAC

PERAC Memos

Memo #17/2017 2017 **Mandatory Retirem...**	**Memo #16/2017** 2017 **Tobacco Company...**	**Memo #15/2017** 2017 **Sts/Istar Event**	**Memo #14/2017** 2017 **Compliance Traini...**	**Memo #13/2017** 2017 **Administrators Are...**	**Memo #12/2017** 2017 **2017 Interest Rate...**
Memo #11/2017 2017 **2017 Annuity Savin...**	**Memo #10/2017** 2017 **Domestic Relation...**	**Memo #9/2017** 2017 **Buyback And Make...**	**Memo #8/2017** 2017 **Continuing Membe...**	**Memo #7/2017** 2017 **Actuarial Data**	**Memo #6/2017** 2017 **Mandatory Retirem...**
Memo #5/2017 2017 **Cola Notice**	**Memo #4/2017** 2017 **2017 Limits Under...**	**Memo #3/2017** 2017 **2017 Limits Under...**	**Memo #2/2017** 2017 **The Binding Effect...**	**Memo #1/2017** 2017 **Updated Public Re...**	**Memo #30/2016** 2016 **840 Cmr 10:10(3) &...**
Memo #29/2016 2016 **The Buyback Of Ca...**	**Memo #28/2016** 2016 **2016 Disability Data**	**Memo #27/2016** 2016 **Tobacco Company...**	**Memo #26/2016** 2016 **Appropriation Data...**	**Memo #25/2016** 2016 **Other Post-employ...**	**Memo #24/2016** 2016 **Mandatory Retirem...**

Board Home page-Task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Home
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Submit

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Notifications

- Appointment Complete
- Appointment Confirmed
- Appointment Scheduled
- Disability Transmittal Complete
- Appointment Complete
- Appointment Complete
- Appointment Complete

Member Information Request for Pasty Cornish

Current Information Form

Name of Retirement Board: Zztest PERAC

SSN: ***-**-2002
Member Last Name*: Cornish
Member First Name*: Pasty
M.I.:
Suffix:

Street Address*: 123 Pasty Ave #4
City*: Wausau
State*: WI
Zip*: 54403

Phone #*: (715) 555-1212
Email:

Date of Birth: 1/12/1960
Date of Hire:
Job Title: RepoMan
Date of Retirement: 5/5/2012

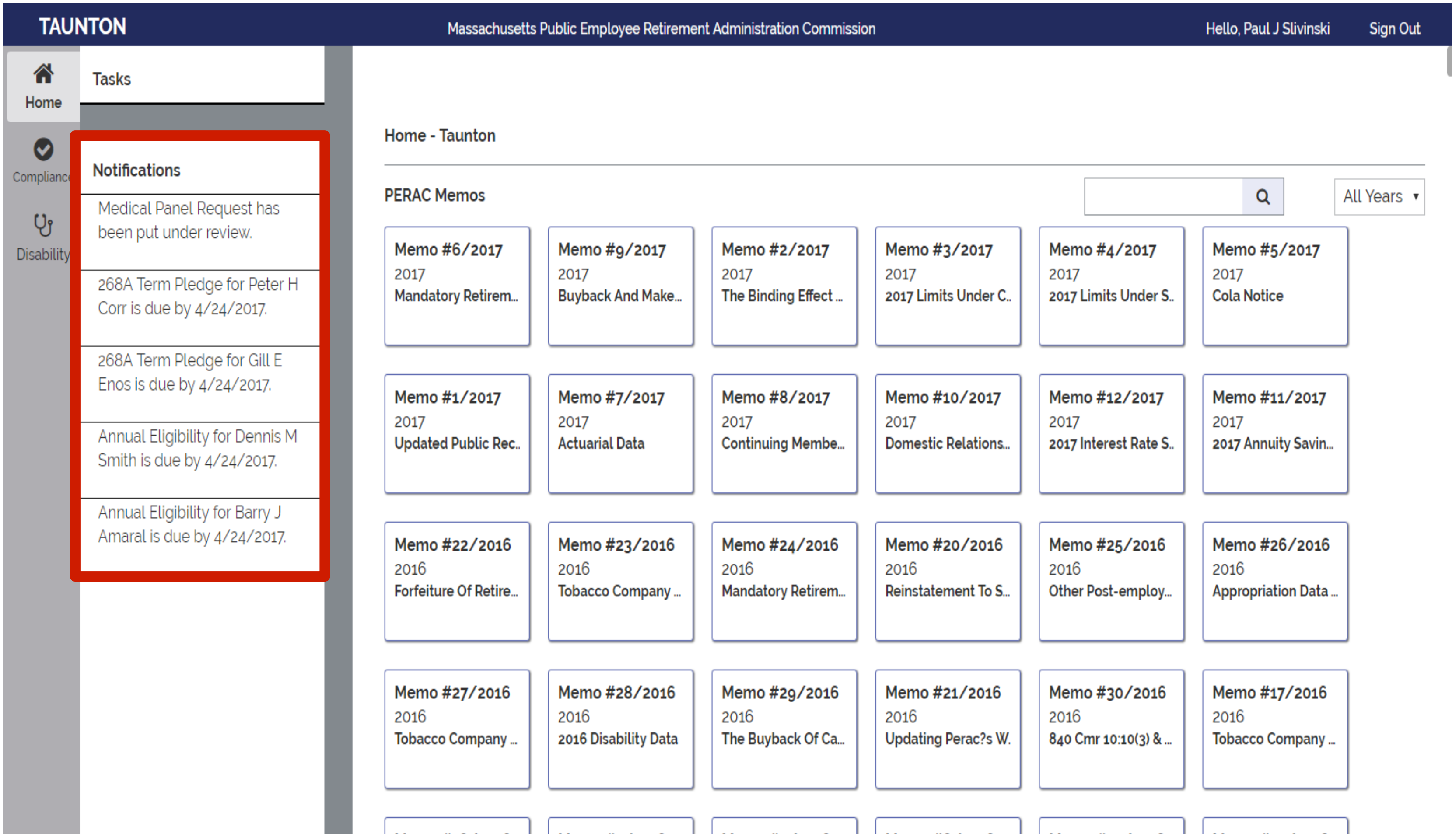
Type of Disability:

Employer Name (current): EmpNamestuff
Employer Title (current): Repo

Employer Street Address (current): 123 EmpStreet
City: Empville
State: WI
Zip: 54401

This retired member was awarded benefits based on the following incapacitation and/or impairment:
Pasty Cornish had too much corn.

Board Home Page-Notifications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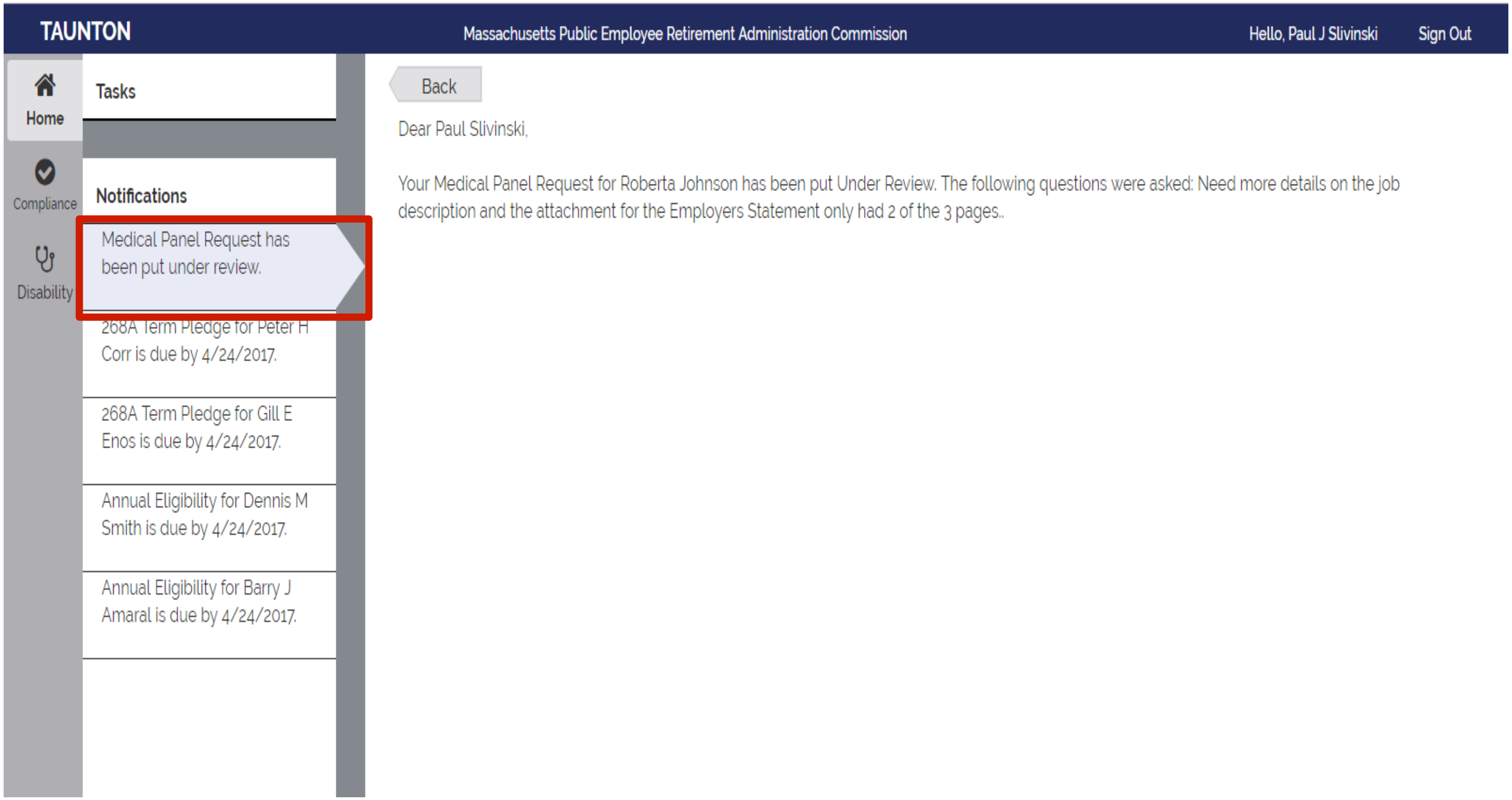
Memo #30/2016 2016 840 Cmr 10:10(3) & ...
Memo #17/2016 2016 Tobacco Company ...

Notification Page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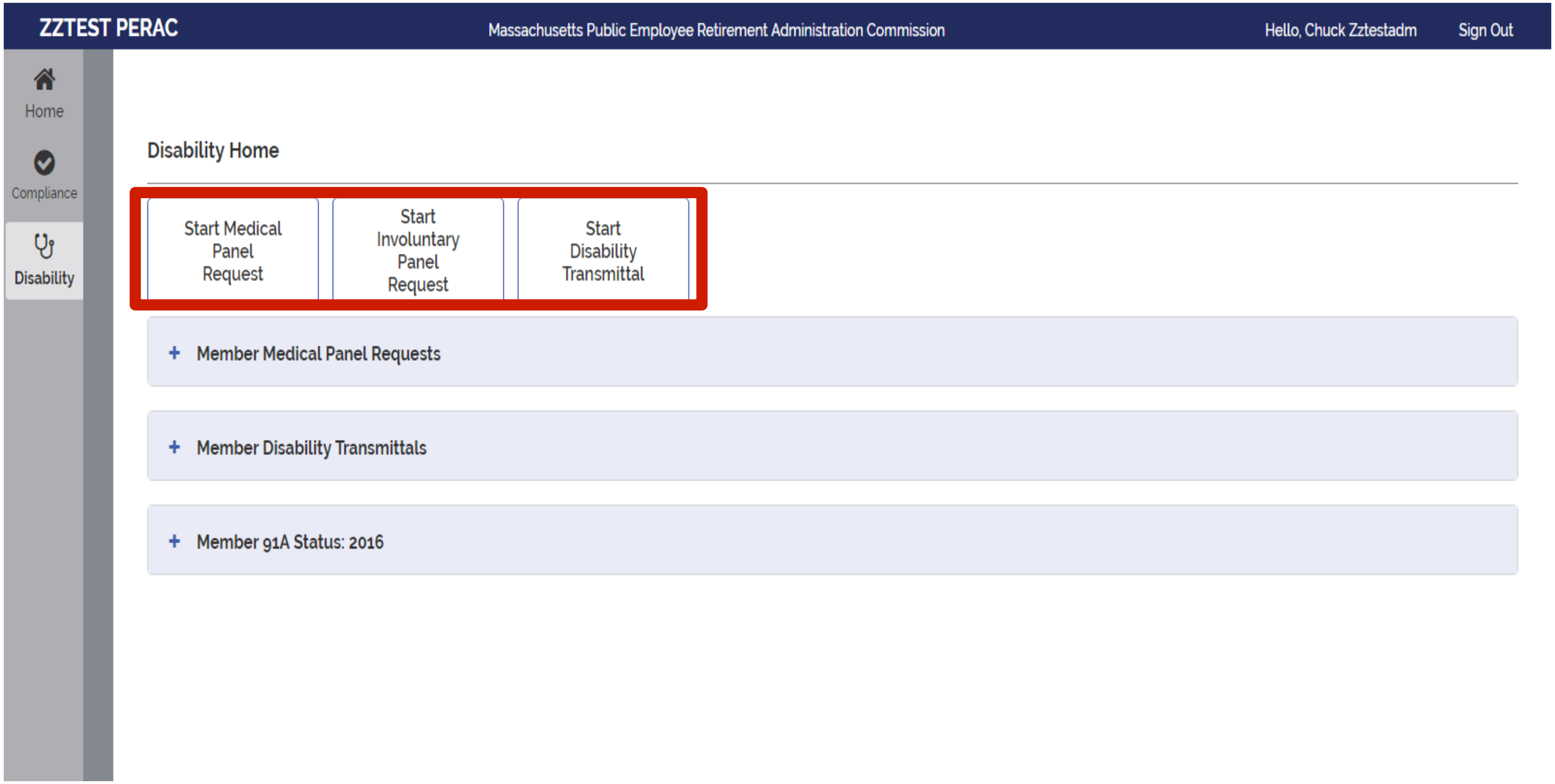
Annual Eligibility for Barry J Amaral is due by 4/24/2017.

Dear Paul Slivinski,

Your Medical Panel Request for Roberta Johnson has been put Under Review. The following questions were asked: Need more details on the job description and the attachment for the Employers Statement only had 2 of the 3 pages..

Disability Home (Navigating)

Administrator View



ZZTEST PERAC
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Hello, Chuck Zztestadm
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Start Medical Panel Request
Start Involuntary Panel Request
Start Disability Transmittal

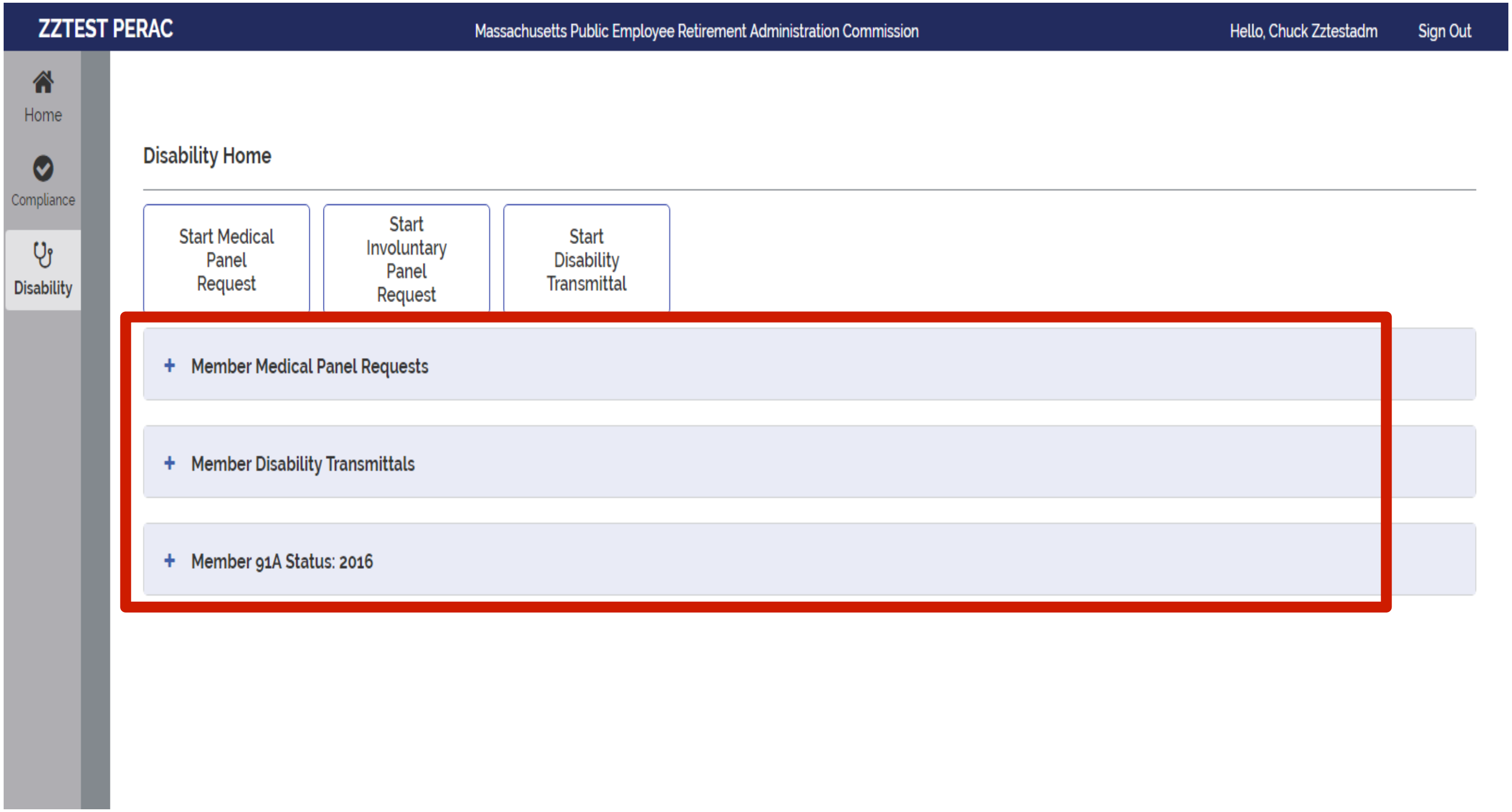
Disability Home

+ Member Medical Panel Requests

+ Member Disability Transmittals

+ Member 91A Status: 2016

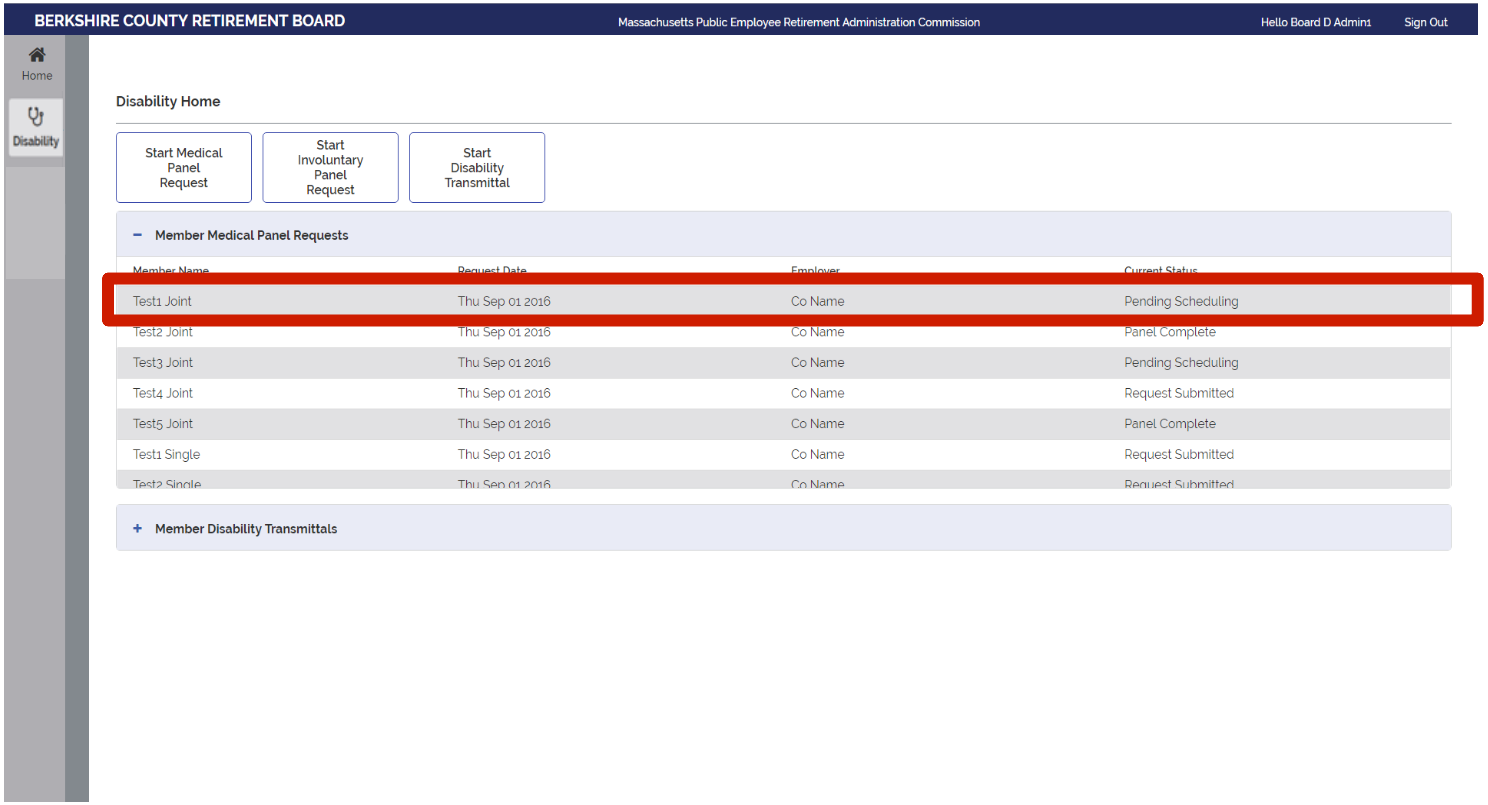
Disability Home (Navigating)


ZZTEST PERAC
Massachusetts Public Employee Retirement Administration Commission
Hello, Chuck Zztestadm
Sign Out
Home
Compliance
Disability

Disability Home

Start Medical Panel Request
Start Involuntary Panel Request
Start Disability Transmittal
+ Member Medical Panel Requests
+ Member Disability Transmittals
+ Member 91A Status: 2016

Disability Home (Navigating)



BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
Hello Board D Admin1
Sign Out
Home
Disability

Disability Home

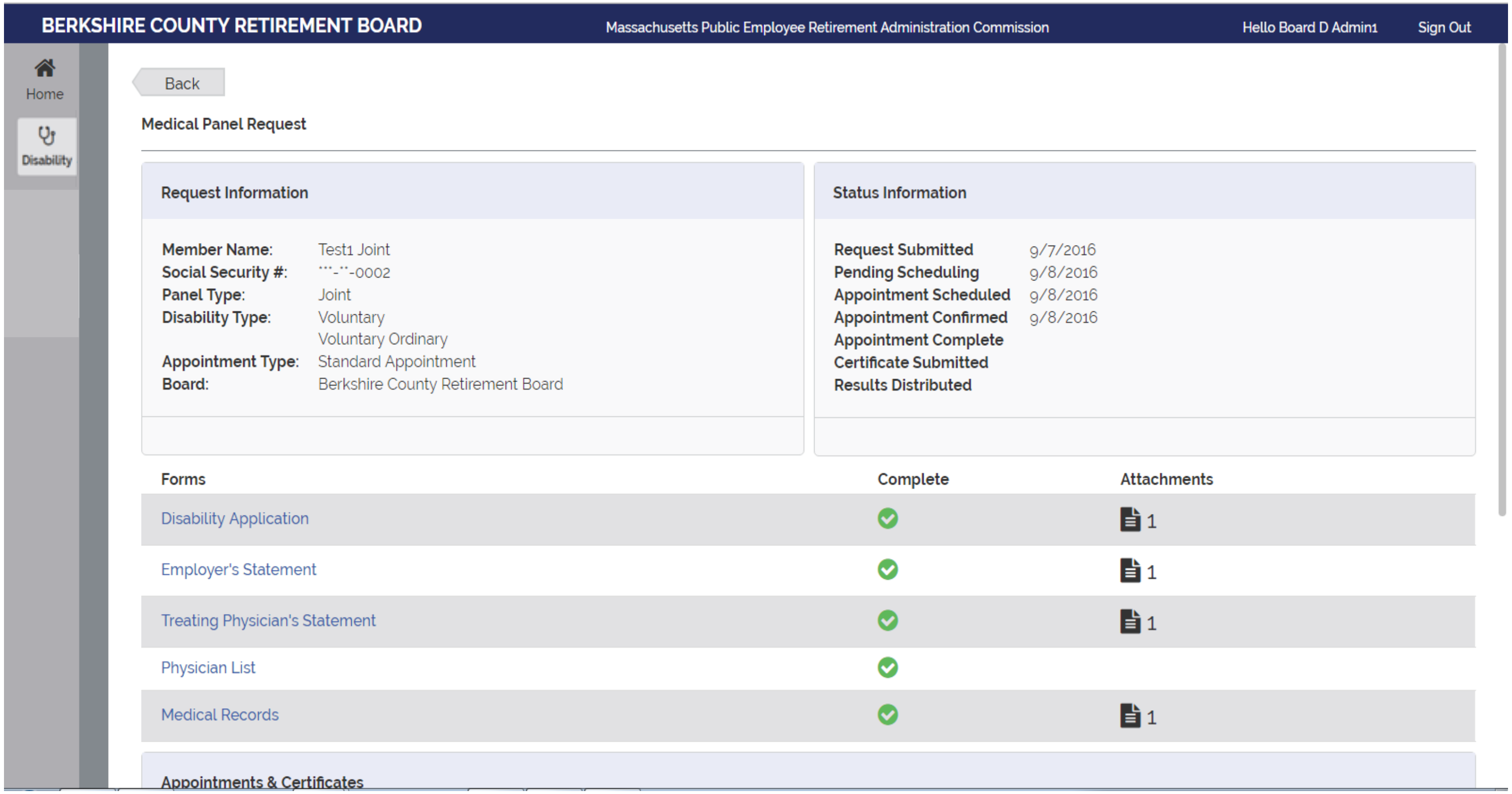
Start Medical Panel Request
Start Involuntary Panel Request
Start Disability Transmittal

− Member Medical Panel Requests

Member Name	Request Date	Employer	Current Status
Test1 Joint	Thu Sep 01 2016	Co Name	Pending Scheduling
Test2 Joint	Thu Sep 01 2016	Co Name	Panel Complete
Test3 Joint	Thu Sep 01 2016	Co Name	Pending Scheduling
Test4 Joint	Thu Sep 01 2016	Co Name	Request Submitted
Test5 Joint	Thu Sep 01 2016	Co Name	Panel Complete
Test1 Single	Thu Sep 01 2016	Co Name	Request Submitted
Test2 Single	Thu Sep 01 2016	Co Name	Request Submitted

+ Member Disability Transmittals

Medical Panel Page


BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
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Medical Panel Request

Request Information

Member Name:	Test1 Joint
Social Security #:	***-**-0002
Panel Type:	Joint
Disability Type:	Voluntary Voluntary Ordinary
Appointment Type:	Standard Appointment
Board:	Berkshire County Retirement Board

Status Information

Request Submitted	9/7/2016
Pending Scheduling	9/8/2016
Appointment Scheduled	9/8/2016
Appointment Confirmed	9/8/2016
Appointment Complete	
Certificate Submitted	
Results Distributed	

Forms	Complete	Attachments
Disability Application	✓	1
Employer's Statement	✓	1
Treating Physician's Statement	✓	1
Physician List	✓	
Medical Records	✓	1

Appointments & Certificates

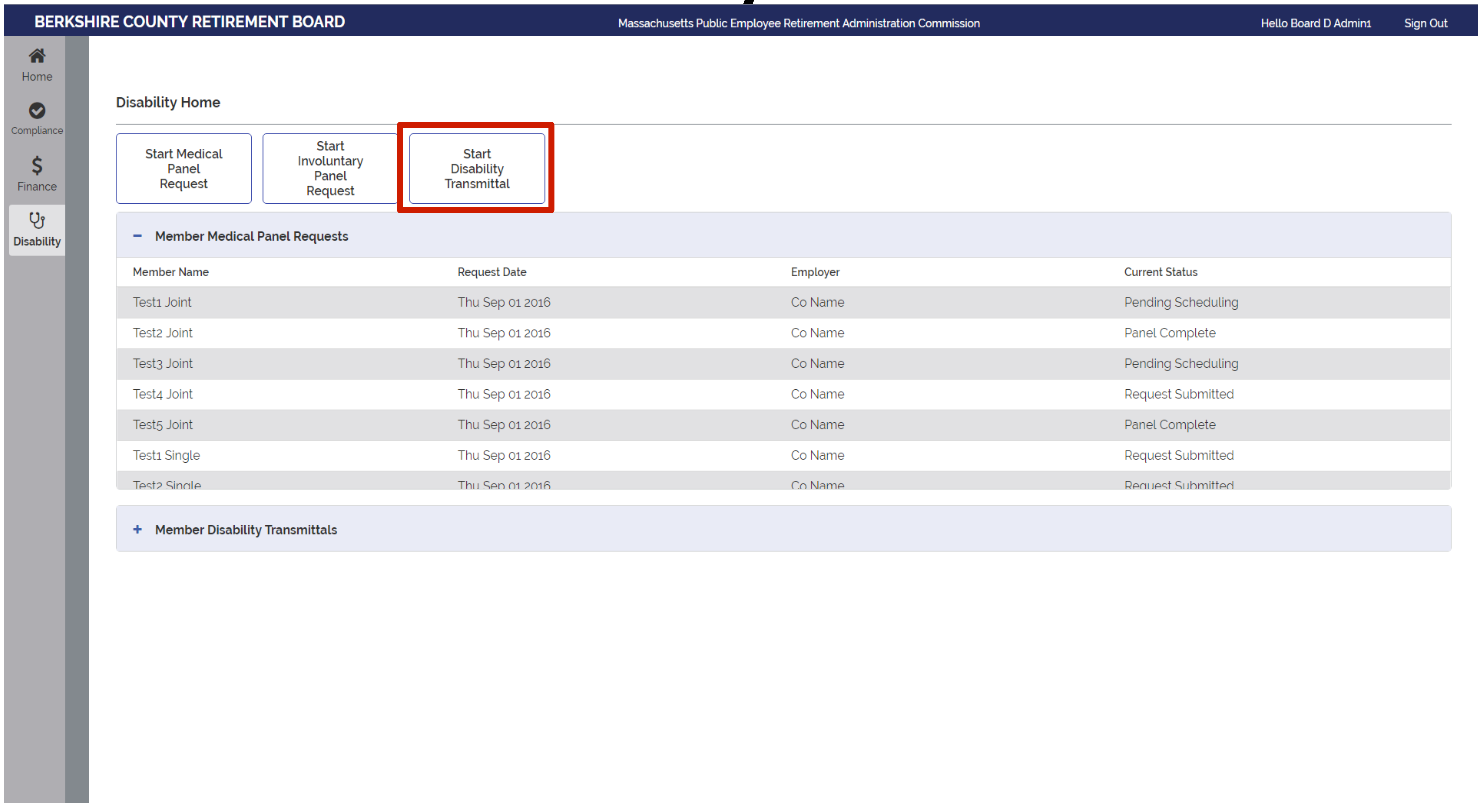
Disability Transmittal

G.L. c. 32, Section 21(1)(d)

- Completely Separate Process from Medical Panel Request

- Disability Transmittal and Prosper
  - Summary Information will appear on the process line
  - Navigating the processing screen and uploading documents exactly the same

Disability Transmittal


BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
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Start Medical Panel Request
Start Involuntary Panel Request
Start Disability Transmittal
− Member Medical Panel Requests
+ Member Disability Transmittals

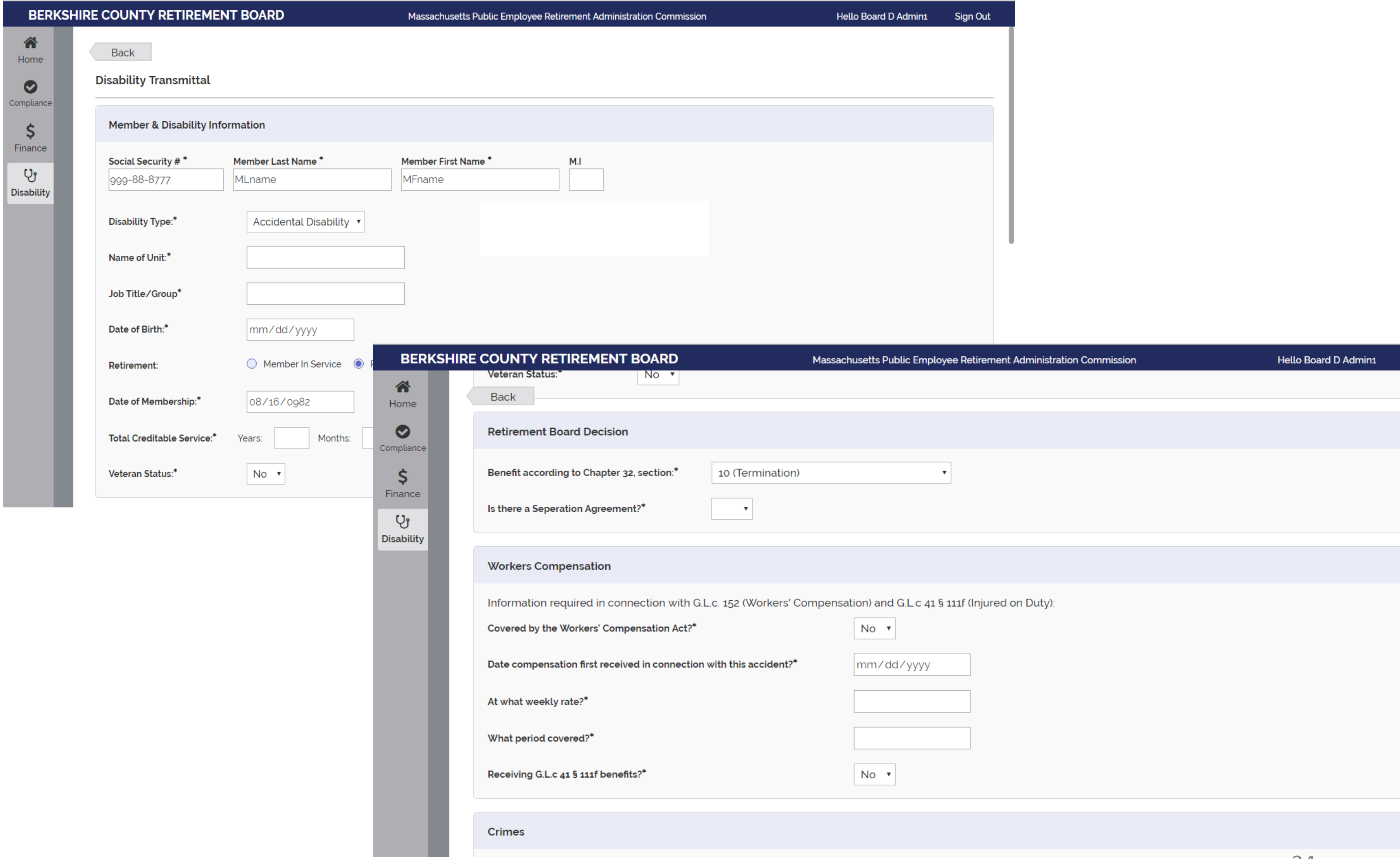
Disability Home

Member Medical Panel Requests

Member Name	Request Date	Employer	Current Status
Test1 Joint	Thu Sep 01 2016	Co Name	Pending Scheduling
Test2 Joint	Thu Sep 01 2016	Co Name	Panel Complete
Test3 Joint	Thu Sep 01 2016	Co Name	Pending Scheduling
Test4 Joint	Thu Sep 01 2016	Co Name	Request Submitted
Test5 Joint	Thu Sep 01 2016	Co Name	Panel Complete
Test1 Single	Thu Sep 01 2016	Co Name	Request Submitted
Test2 Single	Thu Sep 01 2016	Co Name	Request Submitted

Member Disability Transmittals

Disability Transmittal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Massachusetts Public Employee Retirement Administration Commission
Hello Board D Admin1
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Disability Transmittal

Member & Disability Information

Social Security # *: 999-88-8777
Member Last Name *: MLname
Member First Name *: MFname
M.I:

Disability Type:*: Accidental Disability
Name of Unit:*:
Job Title/Group*:
Date of Birth:*: mm/dd/yyyy
Retirement: ○ Member In Service ●
Date of Membership:*: 08/16/0982
Total Creditable Service:* Years: Months:
Veteran Status:*: No

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Veteran Status:*: No

Retirement Board Decision

Benefit according to Chapter 32, section:*: 10 (Termination)
Is there a Seperation Agreement?*:

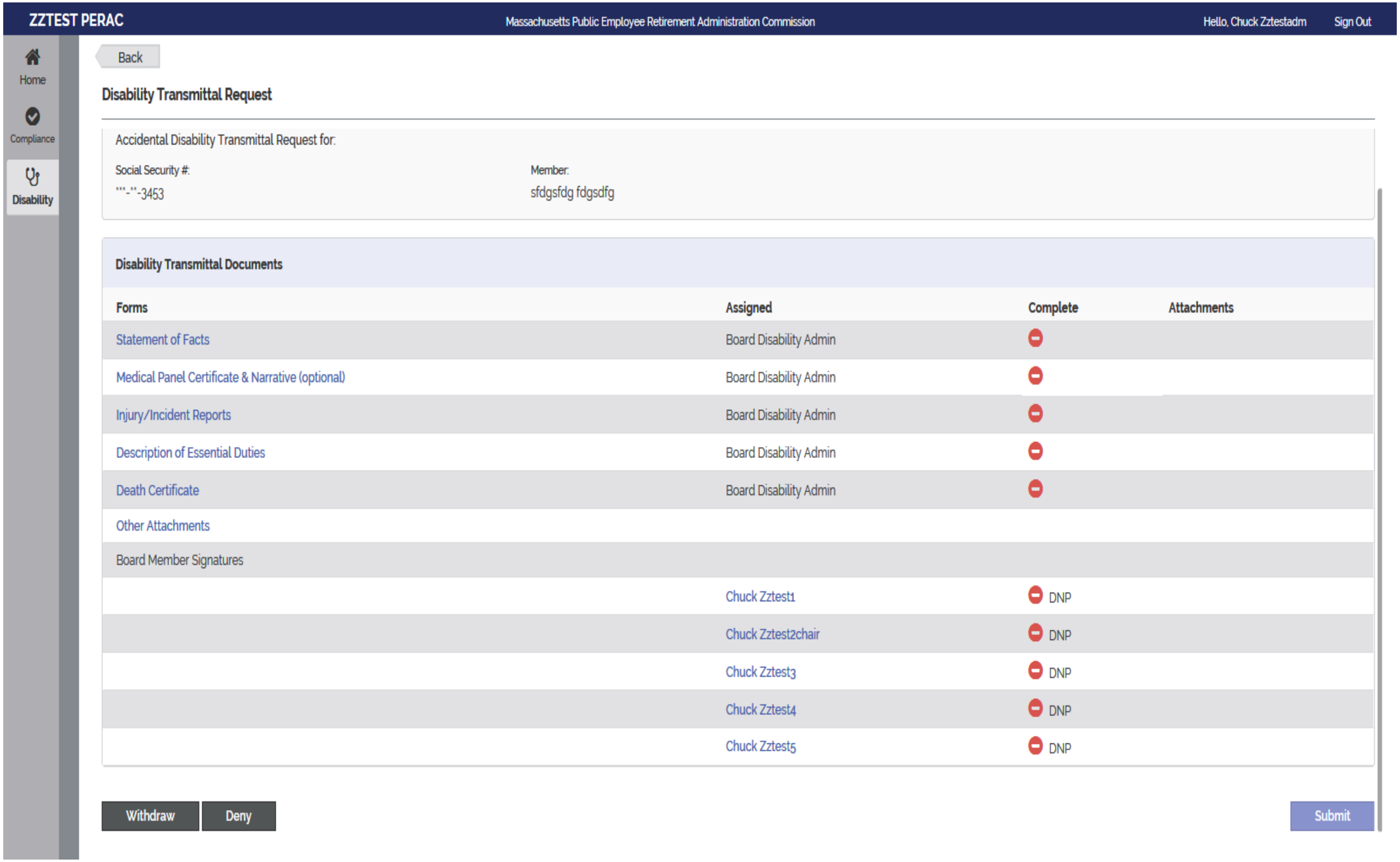
Workers Compensation

Information required in connection with G.L.c. 152 (Workers' Compensation) and G.L.c 41 § 111f (Injured on Duty):

Covered by the Workers' Compensation Act?*: No
Date compensation first received in connection with this accident?*: mm/dd/yyyy
At what weekly rate?*:
What period covered?*:
Receiving G.L.c 41 § 111f benefits?*: No

Crimes

Disability Transmittal


ZZTEST PERAC
Massachusetts Public Employee Retirement Administration Commission
Hello, Chuck Zztestadm
Sign Out
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Back
Withdraw
Deny
Submit

Disability Transmittal Request

Accidental Disability Transmittal Request for:

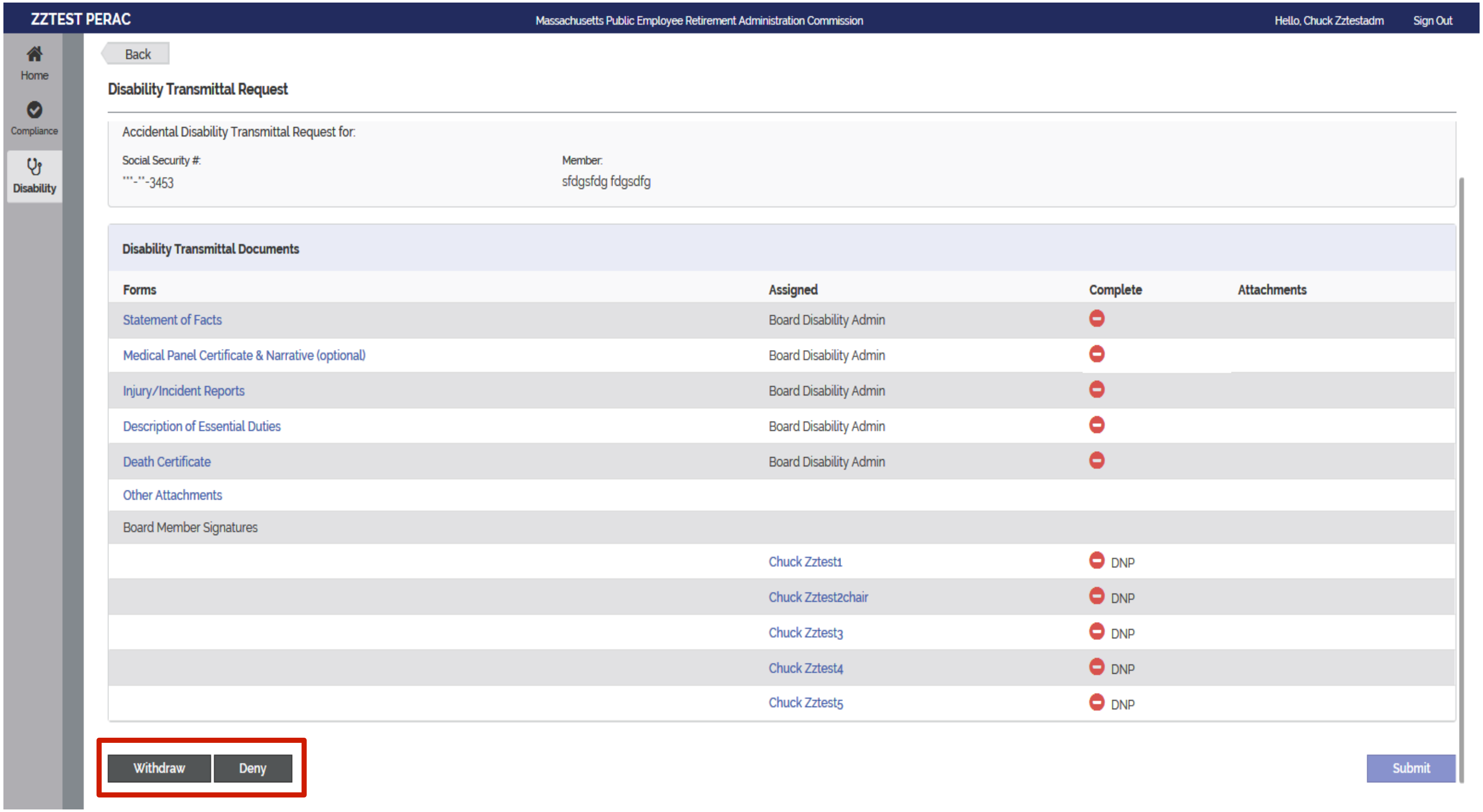
Social Security #: ***-**-3453

Member: sfdgsfdg fdgsdfg

Disability Transmittal Documents

Forms	**Assigned**	**Complete**	**Attachments**
Statement of Facts	Board Disability Admin	⊖	
Medical Panel Certificate & Narrative (optional)	Board Disability Admin	⊖	
Injury/Incident Reports	Board Disability Admin	⊖	
Description of Essential Duties	Board Disability Admin	⊖	
Death Certificate	Board Disability Admin	⊖	
Other Attachments			
Board Member Signatures			
	Chuck Zztest1	⊖ DNP	
	Chuck Zztest2chair	⊖ DNP	
	Chuck Zztest3	⊖ DNP	
	Chuck Zztest4	⊖ DNP	
	Chuck Zztest5	⊖ DNP	

DT Deny/Withdraw


ZZTEST PERAC
Massachusetts Public Employee Retirement Administration Commission
Hello, Chuck Zztestadm
Sign Out
Home
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Disability Transmittal Request

Accidental Disability Transmittal Request for:

Social Security #: ***-**-3453

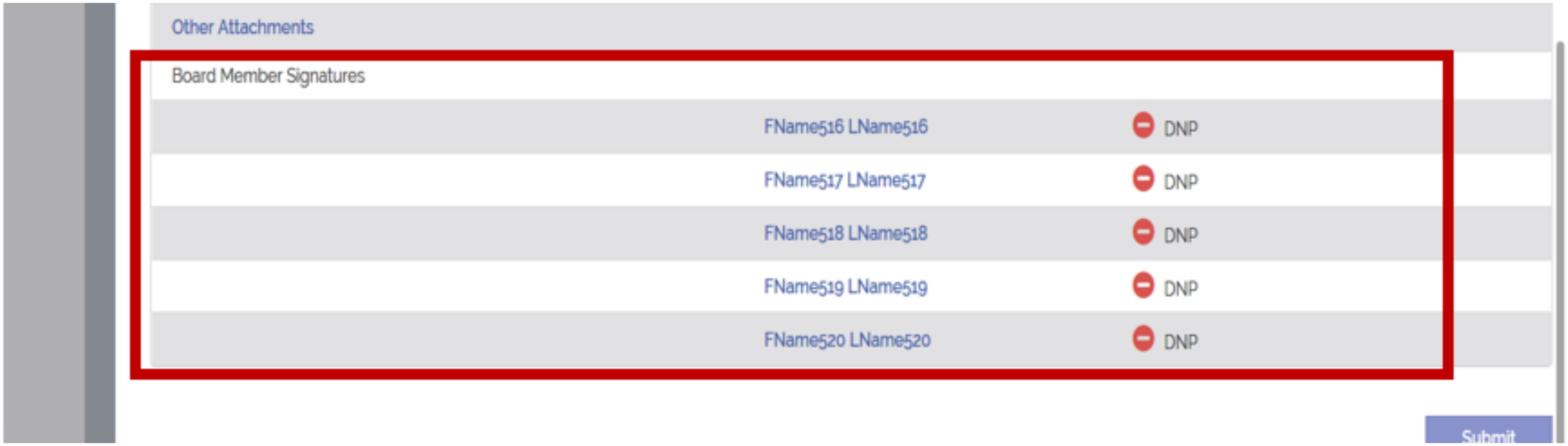
Member: sfdgsfdg fdgsdfg

Disability Transmittal Documents

Forms	Assigned	Complete	Attachments
Statement of Facts	Board Disability Admin	⊖	
Medical Panel Certificate & Narrative (optional)	Board Disability Admin	⊖	
Injury/Incident Reports	Board Disability Admin	⊖	
Description of Essential Duties	Board Disability Admin	⊖	
Death Certificate	Board Disability Admin	⊖	
Other Attachments			
Board Member Signatures			
	Chuck Zztest1	⊖ DNP	
	Chuck Zztest2chair	⊖ DNP	
	Chuck Zztest3	⊖ DNP	
	Chuck Zztest4	⊖ DNP	
	Chuck Zztest5	⊖ DNP	

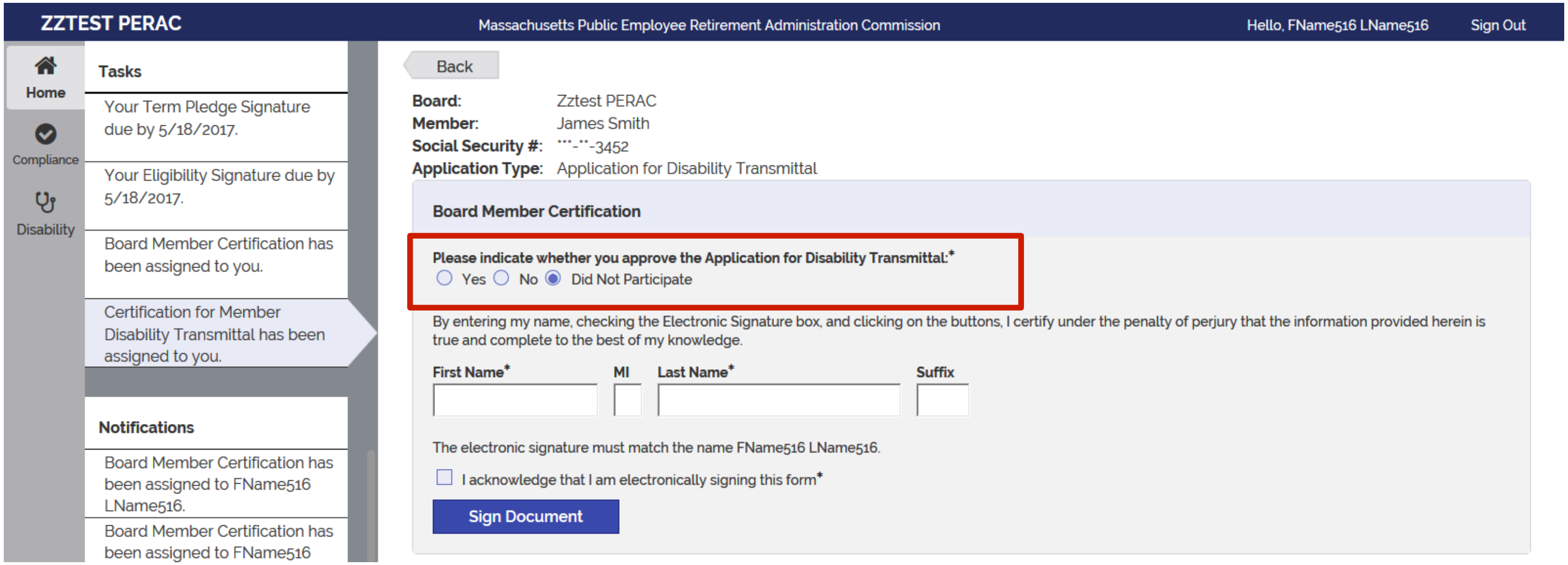
Withdraw
Deny
Submit

Disability Transmittal-Member Signatures


Other Attachments
Submit

Board Member Signatures

FName516 LName516	⊖ DNP
FName517 LName517	⊖ DNP
FName518 LName518	⊖ DNP
FName519 LName519	⊖ DNP
FName520 LName520	⊖ DNP


ZZTEST PERAC
Massachusetts Public Employee Retirement Administration Commission
Hello, FName516 LName516
Sign Out
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Sign Document

Tasks

- Your Term Pledge Signature due by 5/18/2017.
- Your Eligibility Signature due by 5/18/2017.
- Board Member Certification has been assigned to you.
- Certification for Member Disability Transmittal has been assigned to you.

Notifications

- Board Member Certification has been assigned to FName516 LName516.
- Board Member Certification has been assigned to FName516

Board: Zztest PERAC
Member: James Smith
Social Security #: ***-**-3452
Application Type: Application for Disability Transmittal

Board Member Certification

Please indicate whether you approve the Application for Disability Transmittal:*
○ Yes ○ No ● Did Not Participate

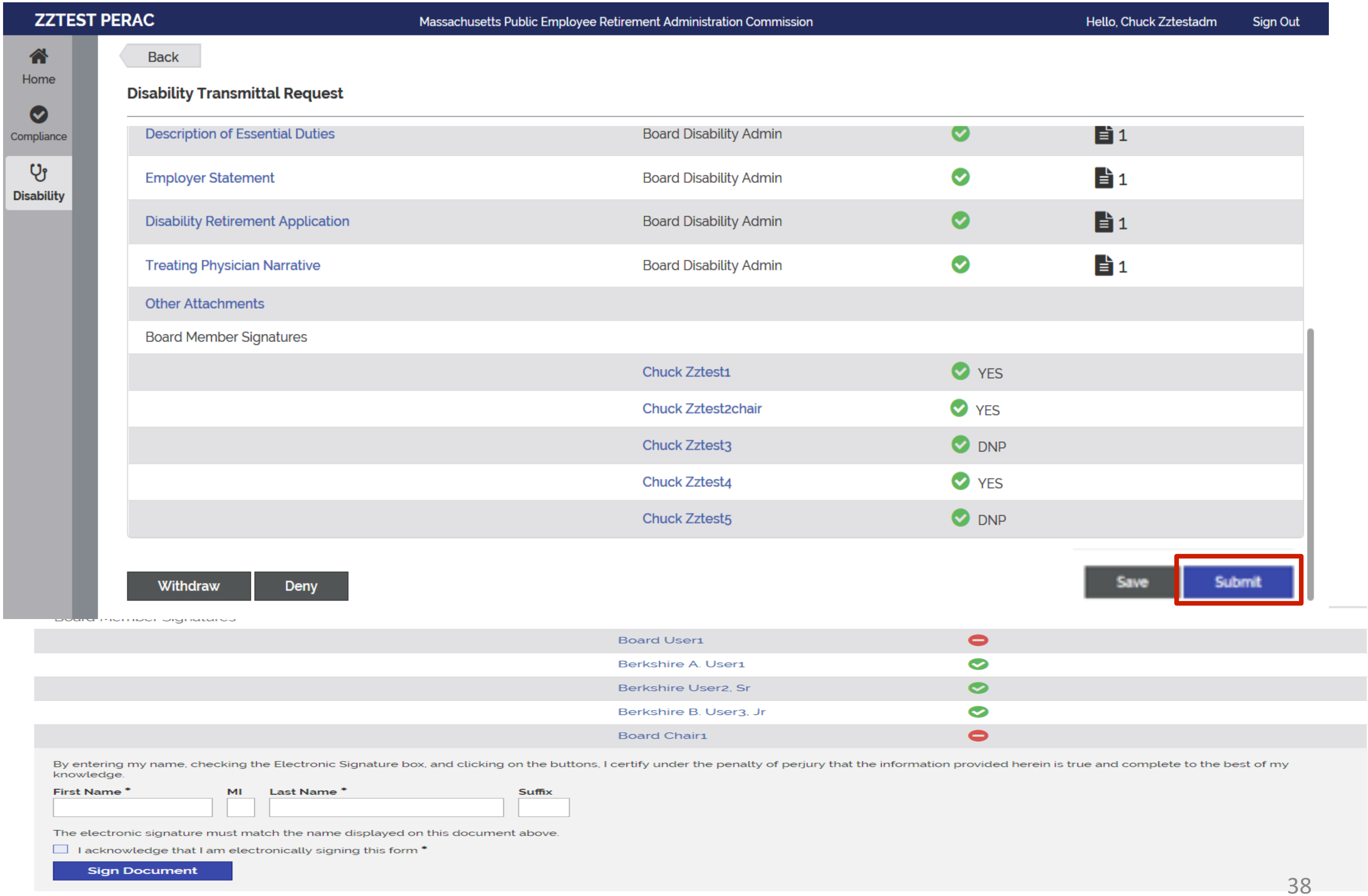
By entering my name, checking the Electronic Signature box, and clicking on the buttons, I certify under the penalty of perjury that the information provided herein is true and complete to the best of my knowledge.

First Name* ____ **MI** ____ **Last Name*** ____ **Suffix** ____

The electronic signature must match the name FName516 LName516.

☐ I acknowledge that I am electronically signing this form*

Disability Transmittal


ZZTEST PERAC
Massachusetts Public Employee Retirement Administration Commission
Hello, Chuck Zztestadm
Sign Out
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Disability Transmittal Request

Description of Essential Duties	Board Disability Admin	✓	1
Employer Statement	Board Disability Admin	✓	1
Disability Retirement Application	Board Disability Admin	✓	1
Treating Physician Narrative	Board Disability Admin	✓	1
Other Attachments			

Board Member Signatures

Chuck Zztest1	✓	YES
Chuck Zztest2chair	✓	YES
Chuck Zztest3	✓	DNP
Chuck Zztest4	✓	YES
Chuck Zztest5	✓	DNP

Withdraw
Deny
Save
Submit

Board User1	⊖
Berkshire A. User1	✓
Berkshire User2, Sr	✓
Berkshire B. User3, Jr	✓
Board Chair1	⊖

By entering my name, checking the Electronic Signature box, and clicking on the buttons, I certify under the penalty of perjury that the information provided herein is true and complete to the best of my knowledge.

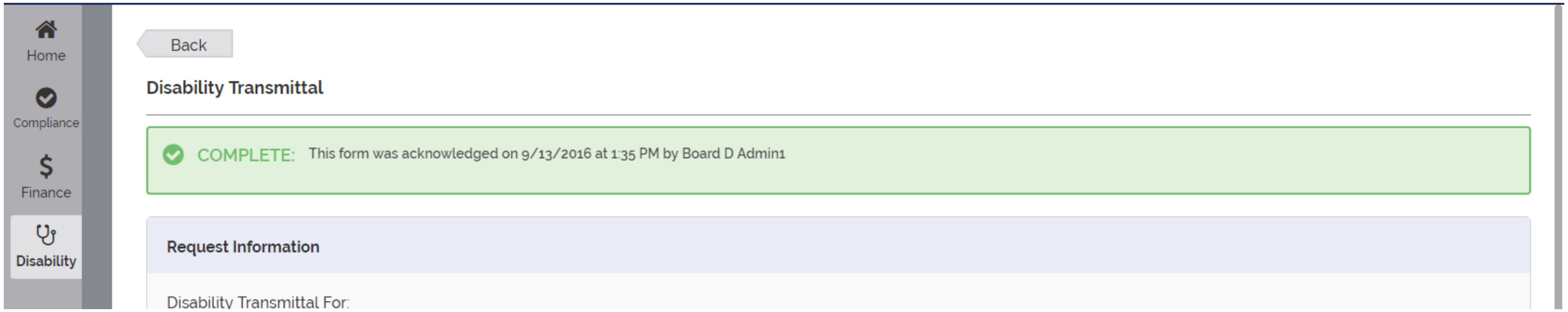
First Name * ______ MI ______ Last Name * ______ Suffix ______

The electronic signature must match the name displayed on this document above.

☐ I acknowledge that I am electronically signing this form *

Sign Document

Disability Transmittal

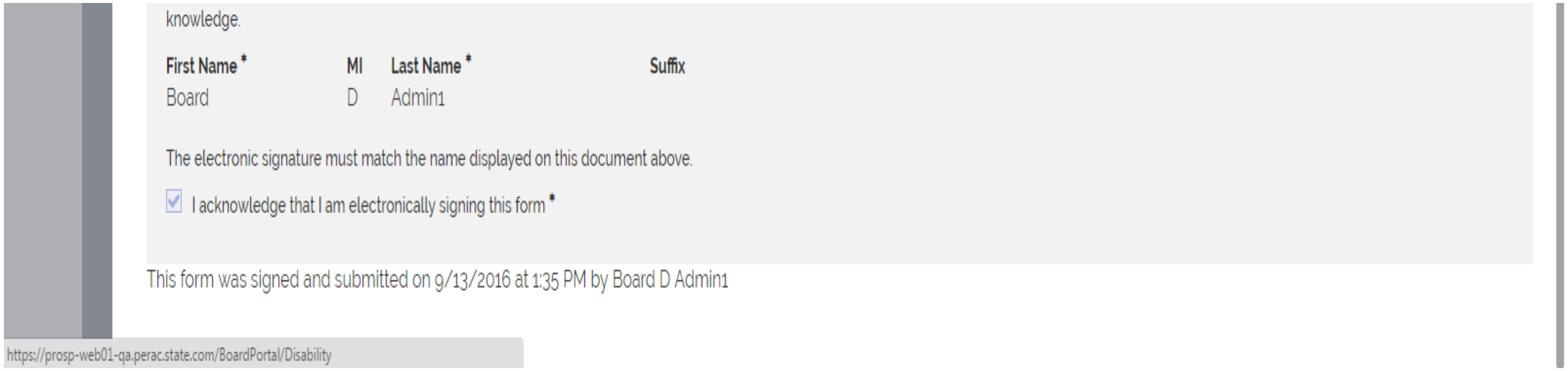


Disability Transmittal

✓ COMPLETE: This form was acknowledged on 9/13/2016 at 1:35 PM by Board D Admin1

Request Information

Disability Transmittal For:



knowledge.

First Name *	MI	Last Name *	Suffix
Board	D	Admin1	

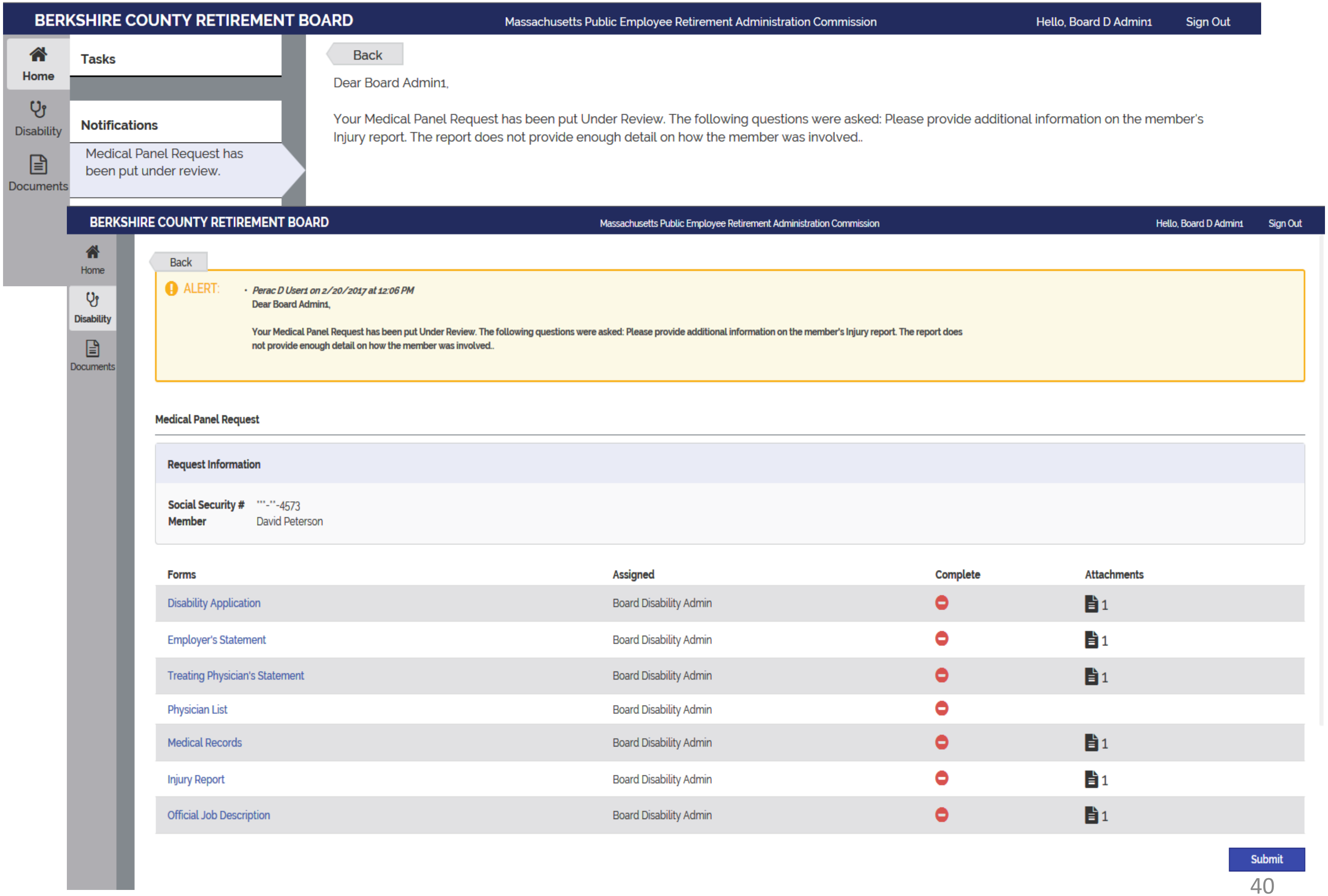
The electronic signature must match the name displayed on this document above.

☑ I acknowledge that I am electronically signing this form *

This form was signed and submitted on 9/13/2016 at 1:35 PM by Board D Admin1

https://prosp-web01-qa.perac.state.com/BoardPortal/Disability

Under Review



BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
Hello, Board D Admin1
Sign Out
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Medical Panel Request has been put under review.

Dear Board Admin1,

Your Medical Panel Request has been put Under Review. The following questions were asked: Please provide additional information on the member's Injury report. The report does not provide enough detail on how the member was involved..

BERKSHIRE COUNTY RETIREMENT BOARD
Massachusetts Public Employee Retirement Administration Commission
Hello, Board D Admin1
Sign Out
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ALERT:

- *Perac D User1 on 2/20/2017 at 12:06 PM*

  Dear Board Admin1,

  Your Medical Panel Request has been put Under Review. The following questions were asked: Please provide additional information on the member's Injury report. The report does not provide enough detail on how the member was involved..

Medical Panel Request

Request Information

Social Security # ***-**-4573
Member David Peterson

Forms	Assigned	Complete	Attachments
Disability Application	Board Disability Admin	⊖	🗎 1
Employer's Statement	Board Disability Admin	⊖	🗎 1
Treating Physician's Statement	Board Disability Admin	⊖	🗎 1
Physician List	Board Disability Admin	⊖	
Medical Records	Board Disability Admin	⊖	🗎 1
Injury Report	Board Disability Admin	⊖	🗎 1
Official Job Description	Board Disability Admin	⊖	🗎 1

Wrap Up

- Role of Retirement Board and PERAC remains the same
- PROSPER is allowing a faster, safer method of communicating throughout the process
- PROSPER provides a management tool for your cases while in process

Questions?

BabyRuth
m&m's
Fun Size
SNICKERS
fun Size
Reese's
CRUNCH
m&m's
Fun Size
KitKat
HERSHEY'S
Milk Chocolate
Almond Joy
Butterfinger